

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-~~33968~~ 33988

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil / Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH VACUUM ABO WEST UNIT

8. Well No.

31

9. Pool Name or Wildcat

ABO

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI
(FORM C-101) FOR SUCH PROPOSALS.

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

3. Address of Operator
P.O. Box 2100, Denver Colorado 80201

4. Well Location
Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 15 Township 17-S Range 34-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4052'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐ COMPLETION ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. DOWELL PUMPED ACID & GELLED FLUID DOWN TUBING. PUMPED 120,000 GALS OF 20% NEFE HCL W/2 GALS/1000 L-47 & 138,000 GALS WF-130 GELLED FLUID. PUMPED IN 15,000 GAL STAGES FOR BOTH FLUID & FLUSHED W/18,000 GALS WF-130. 09-20-97.
2. PU CENTRILIFT SUBMERSIBLE PUMP. RIH W/ MOTOR, SEAL ASSY, SEPERATOR, PUMP, X-OVER, SUB, CHECK VALVE, JTS, TBG. TIE IN FLOWLINE TO SURFACE LINES. HOOKED UP WELLHEAD. TIE IN CABLE TO POWER LINES. STARTED UP WELL @ 1700 HRS. 09-26-97.
3. OPT: PUMPED 477 BO, 135 BW, 327 MCF IN 24 HOURS FROM DRLG TO PM. 10-02-97.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE C. P. Basham / SRA TITLE Eng. Assistant.

DATE 10/8/97

TYPE OR PRINT NAME Sheilla D. Reed-High

Telephone No. (303)793-4851

(This space for State Use)

APPROVED ORIGINAL SIGNED BY CHRIS WILLIAMS
CONDITIONS OF APPROVAL, IF ANY: DISTRICT SUPERVISOR

DATE