## Submit 3 Copies to Appropriate District Office

State of New Mexico Energ: inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVAT	TON DIVISION	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-025-05638
DISTRICT III			5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. B-1382
SUNDRY NOTE			
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	MOSALS TO DRILL OR TO DEE VOIR. USE "APPLICATION FOR 101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	ОТНЕД		New Mexico "K" State
2. Name of Operator			8. Well No.
Texaco Producing Inc  3. Address of Operator	·		2
P.O. Box 730, Hobbs	NM 88240		9. Pool name or Wildcat
4. Well Location			Eunice Monument G-SA
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line			
18 100			
		Range 37E ]	VMPM Lea County
3702 DF			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	_	
PULL OR ALTER CASING		_ COMMENCE DRILLING	
	۳-	CASING TEST AND CEI	MENT JOB []
OTHER:		OTHER:	
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.			
<ol> <li>MIRU. Pld production equipment. Ran bit to PBTD. POH.</li> <li>Perfed OH w/2 JSPF 3902,05,08,11,17,20,23,28'.</li> <li>A/OH w/1500 gal 20% NEFE.</li> <li>Set CIBP @ 3895'.</li> <li>Perfed 4-1/2" csg w/2 JSPF 3825,27,29,31,33,35,37,39,41,43,51,53,55,57,59,62,64,66,73,75,77,87,89'.</li> </ol>			
66,73,75,77,87,89'. 6) A/perfs 3825-89' w/4000 gal 15% NEFE. 7) Swabbed well. POH. 8) Ran 3-7/8" bit. Drld out CIBP. 9) Ran production equipment. 10) OPT 10-23-89, 26 BOPD, 201 MCFD.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKINATURE  TITLE  Area Manager  DATE  11/06/89  THE PHONE NO. (505) 393-719			
(This space for Style Line)			
Omi	g. Signed by		NOV 4 9 4000
TP .	aul Kauta	mts	NOV 1 3 1989