

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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.
30-025-06041

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name
L. VAN ETEN

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

2. Name of Operator
Texaco Exploration and Production Inc.

8. Well No.
1

3. Address of Operator
P. O. Box 730 Hobbs, NM 88240

9. Pool name or Wildcat
EUMONT YATES 7 RVRS QN (GAS)

4. Well Location
Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 9 Township 20-S Range 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3552' DF

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 OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

12/4/92 - 2/12/92

1. MIRU. TOH W/ PROD EQUIP. C/O TO 3538' (PBTD).

2. PERFD EUMONT W/ 2 JSPI FR 3290'-3489'. (54 INT; 108 HLES)

3. ACIDIZED EUMONT PERFS FR 3200'-3489' W/ 3000 GALS 15% NEFE. MAX P = 170#, AIR = 8 BPM.

4. FRACD EUMONT PERFS FR 3200'-3489' W/ 27,500 GALS 40# LINER GEL, 27,500 GALS CO2, & 208,000# 12-20 OTTAWA SAND. MAX P = 3520#, AIR = 29.5 BPM.

4. C/O TO 3538'. RETURNED WELL TO PRODUCTION.

OPT 1-17-93 0 BOPD, 13 BWPD, 417 MCFD

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

SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 1/19/93

TYPE OR PRINT NAME MONTE C. DUNCAN

TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 22 1993

1-2-93

RECEIVED

JAN 21 1993

OCD HOBBS OFFICE