

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.	3002506048
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	TG-313694
7. Lease Name or Unit Agreement Name	VAN ETEN, L.
8. Well No.	8
9. Pool Name or Wildcat	MONUMENT PADDOCK
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

SUNDRY NOTICES AND REPORTS ON WELL
(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.)

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter P : 660 Feet From The SOUTH Line and 990 Feet From The EAST Line
Section 9 Township 20-S Range 37-E NMPM LEA COUNTY

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

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: ACIDIZE ☒

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.

5-10-99: MIRU. NDWH. NUBOP. TIH W/PKR, SN, 2 7/8" TBG. PSA 5134'. LOAD & PSI CSG TO 500#-OK.

5-11-99: TEST CSG TO 500#-OK. ACIDIZE PADDOCK CSG PERFS 5198-5206' W/1500 GALS 15% NEFE HCL & 24 7/8" RCN BALLS. RU SWAB. FL @ 3600'. END FL @ 4900'. REL PKR.

5-12-99: TIH W/OPSMA, PERF SUB, SN, TBG, TAC. NDBOP. NUWH. MA @ 5239'. TAC @ 5137'. TIH W/GAS ANCHOR, PUMP, RDS, SNKR BARS. LOAD & TEST TO 500#-OK. SPACE OUT 3". RIG DOWN. PUMPING @ 12:00 NOON.

6-02-99: ON 24 HR OPT. PUMPING 9 BO, 35 BW, & 0 MCF. FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 6/3/99

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAM

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE JUL 02 1999

CONDITIONS OF APPROVAL, IF ANY: