

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. 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 32518
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	VAN ETEN, L.
8. Well No.	14
9. Pool Name or Wildcat	SOUTHEAST MONUMENT ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3534'

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 M 990 Feet From The SOUTH Line and 990 Feet From The WEST Line
Section 9 Township 20-S Range 37-E NMPM LEA COUNTY

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.

8-11-98: MIRU. TIH W/WASH TIP ON 1 1/2 CT TO 7297'. CIRC W/N2. ACIDIZE VIA COILED TBG ABO 4 3/4" C.H. FR 7240-7020' W/4000 GALS 15% NE HCL GAS WELL ACID & 104,900 SCF N2. MAX-1063#. MIN-800#. AVG-500#. AIR-1.4 BPM. LOWER TOOLS TO 7397'. JET HLE FOR 30 MINS. TOH W/TBG. LEFT FLOWING TO METER ON 19/64 CHOKE. FTP-115#.
8-20-98: ON 24 HR OPT. FLOWING 50 BO, 0 BW, & 216 MCF. GOR-4320. API GRAV-38@60.
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 9/2/98

TYPE OR PRINT NAME J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY J. Denise Leake TITLE Engineering Assistant

CONDITIONS OF APPROVAL, IF ANY: DATE