

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 06133
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	B-2330
7. Lease Name or Unit Agreement Name	State "I" Com
8. Well No.	2
9. Pool Name or Wildcat	Eumont Yates 7R Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3541 DF

**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  
P.O. BOX 730, HOBBS, NM 88240

4. Well Location  
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line  
Section 16 Township 20-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541 DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> Plug back to Eumont zone

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.

8/7/95: MIRU. TOH with production equipment. Install BOP.  
8/8/95: Set CIBP @ 3545' and capped with 10' cement.  
8/9/95: Perforated with 2 jspf on interval 3239'-3483'. TIH with treating packer. Acid treated perforations with 4000g 15% NEFE + 350 Ball Sealers (Pmax=4000psi, Pav=2500psi, AIR=5 BPM, ISIP=1000psi).  
8/10/95: Fracture stimulated formations with 61600g gel + 50 quality CO2 + 255460# 12/20 sand (Pmax=5700psi, Pav=3500psi, AIR=35 BPM, ISIP=1400psi).  
8/11/95: Released packer and TOH. Cleaned out wellbore.  
8/14/95: TIH with production equipment.

8/16/95-9/9/95: Returned to production and placed on test

9/11/95: OPT test: 0 BO, 0 BW, 425 MCF (pumping, 24 hours)

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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant DATE 10/20/95

TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0426

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: