State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-06133 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. B-2330 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: State "I" GAS WELL WELL X2. Name of Operator 8. Well No. Texaco Producing Inc. 2 3. Address of Operator 9. Pool name or Wildcat P.O. Box 730, Hobbs, NM 88240 Eunice Monument G-SA 4. Well Location Unit Letter K : 1980 Feet From The 1980 South West _ Feet From The Line and Line 16 20S 37E Lea **NMPM** Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **PULL OR ALTER CASING** 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. 1) Pld prod equip. 2) Set CIBP at 3675'. 3) Perf'd 7" csg @ 3557,59,70,76,83,87,90,94,3600,05,10,17,21,36,40,45,54,58'. (18 Int/36 holes) 4) PSA 3467'. A/perfs 3557-3658' w/200 gal 15% NEFE.

- 5) Frac perfs w/27,000 gal XL wtr, 55,000# 20/40 sand, 9000# CRC sand.
- C/O sand to 3674'. 6)
- Ran prod equip. 7)
- OPT 11-07-89, 15 BO, 22 BW, 156 MCF in 24 hrs. 8)

DISTRICT I SUPERVISOR

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON		DEC 0 8 1989
TYPE OR PRINT NAME J. A. Head		TELEPHONE NO. (505)393-71
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	Area Manager	DATE11/29/89

TITLE

CONDITIONS OF AFFROVAL, BY ANY:

APPRÍNVED BY