

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.<br><u>30-025-06794</u>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><u>S. J. SARKIS</u>                                         |
| 8. Well No.<br><u>4</u>                                                                             |
| 9. Pool name or Wildcat<br><u>BLINEBRY OIL &amp; GAS, TUBBS</u>                                     |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3395 D.F.</u>                              |

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.)

|                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                                                                                               |
| 2. Name of Operator<br><u>TEXACO PRODUCING INC.</u>                                                                                                                                                                    |
| 3. Address of Operator<br><u>P.O. BOX 728, HOBBS, NEW MEXICO 88240</u>                                                                                                                                                 |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line<br>Section <u>26</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>1EA</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3395 D.F.</u>                                                                                                                                                 |

|                                                                               |                                                                                        |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 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"/>                                | REMEDIAL WORK <input type="checkbox"/>                                                 |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                                               |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                       |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                                          |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>                                    |
|                                                                               | OTHER: <u>TUBB-ZONE T-A; BLINEBRY ZONE PLUGGED</u> <input checked="" type="checkbox"/> |

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.

ON MARCH 13, 1989. MIGU. POH WITH BLINEBRY PRODUCTION REELS AND RUMP.  
RIGGED UP WIRELINE. SET PLUG IN E.R. RECEPTACLE, TUBB ZONE PLUGGED OFF, NEW P.B.T.D. 6000'.  
PICKED UP AND SNAPPED OUT OF E.R. RECEPTACLE. TOH.  
T.H. WITH BLINEBRY PRODUCTION EQUIPMENT, SN 25110.  
TEST WELL FOR 5 DAYS. MIXED 55 GALS PARAFFIN DISPERSANT. CIRC. WELL FOR 24 HRS.  
PUMPED 1000 GALLONS 15% NEFE ACID DOWN 5 1/2" CSG, FLUSHED WITH 100 BBL'S 2% KCL.  
TESTED WELL  
24 HR POTENTIAL TEST ENDING 11:00 A.M. APRIL 3, 1989  
24 P/140/7W/125 MCF, GOR 8929 GRAVITY 38.6 RCOF

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

SIGNATURE K.L. Johnson TITLE AREA SUPERINTENDENT DATE APR 5 1989

TYPE OR PRINT NAME K.L. Johnson TELEPHONE NO. 394-2585

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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

CONDITIONS OF APPROVAL, IF ANY:

PLT No longer Reg. San... 2.1 Tubb E

RECEIVED

APR 11 1989

OCD  
HOBBS OFFICE