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. 30-025-27398

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: C.H. Weir "A"

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

2. Name of Operator: Texaco Exploration and Production Inc.

8. Well No. 12

3. Address of Operator: P.O. Box 730 Hobbs, New Mexico 88240

9. Pool name or Wildcat: Skaggs Drinkard/~~Skaggs Abo Gas~~

4. Well Location
Unit Letter G : 2307 Feet From The North Line and 2307 Feet From The East Line
Section 12 Township 20-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3559' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

7/20/92 - 8/6/92

1. MIRU. Perforated 7" csg w/ 2 JSPI from 6587'-6894'. (50 int-110 hles)

2. Acidized perfs 6587'-6894' w/ 3500 gals 15% NEFE.

3. Sand fracd all perfs 6587'-6894' w/ 67,000 gals 30# XL gel, 228,000# 20/40 Ottawa, & 60,000# 12/20 Resin coated sand. Max P = 6900#, AIR = 34 BPM. Returned well to prod.

OPT 9-24-92 66 BOPD, 79 BWPD, 379 MCFD

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

SIGNATURE Monte C Duncan TITLE Engineer's Assistant DATE 9-30-92

TYPE OR PRINT NAME Monte C. Duncan TELEPHONE NO. 393-7191

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 0 7 92

CONDITIONS OF APPROVAL, IF ANY: