|  | A  |                      |                                    |                                 |   |  |
|--|--|----------------------|------------------------------------|---------------------------------|---|--|
| Submit 3 Copies<br>to Appropriate Energy, Minerals and Natural Resources Depa                              |  |                      |                                    | Form C-103                      |   |  |
| District Office  | LINES, WILLING dist INC                          | nativo Departiticiit |                                    | Revised 1-1-89                  |   |  |
| DISTRICT I   | WELL API NO.                                     |                      |                                    |                                 |   |  |
| P.O. Box 1980, Hobbs, NM 88240   | WELL API NO.<br>30-025-27719                     |                      |                                    |                                 |   |  |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210   | 5. Indicate Type of Lease                        |                      |                                    |                                 |   |  |
| DISTRICT III   |  | STATE X FEE          |                                    |                                 |   |  |
| 1000 Rio Brazos Kd., Aztec, NM 87410   | 6. State Oil & Gas Lease No.<br>B-160            |                      |                                    |                                 |   |  |
|  | CES AND REPORTS C                                |                      | S                                  |                                 |   |  |
| ( DO NOT USE THIS FORM FOR PRO   | POSALS TO DRILL OR TO I                          | DEEPEN               | OR PLUG BACK TO A                  | 7. Lease Name or 11             | nit Agreement Name                      |  |
|  | VOIR. USE "APPLICATION<br>101) FOR SUCH PROPOSAL |                      | IMIT"                              |                                 |   |  |
| 1. Type of Well:   |  |                      |                                    | -                               |   |  |
| OIL GAS WELL X   | N. M. "H" State NCT-2                            |                      |                                    |                                 |   |  |
| 2. Name of Operator  |  |                      |                                    | 8. Well No.                     |   |  |
| Texaco Producing Inc   | · · · · · · · · · · · · · · · · · · ·            | 30                   |                                    |                                 |   |  |
| 3. Address of Operator<br>P. O. Box 730 Hobbs  | . NM 88240                                       |                      |                                    | 9. Pool name or Wi<br>Eumont Ya | ldcat<br>tes 7 Rv Qn                    |  |
| 4. Well Location   | 9 NEI 00240                                      |                      |                                    |                                 |   |  |
| Unit Letter :8   | 51 Feet From The Nort                            | h                    | Line and1825                       | Feet From 1                     | he East Line                            |  |
|  |  | 1                    |                                    |                                 |   |  |
| Section 20   | Township 20S                                     | Ran                  | 1982 37E<br>DF. RKB. RT. GR. etc.) | NMPM Lea                        | County                                  |  |
|  | 10. Elevalor (385                                | - wrating L          | ~ , IND, KI, UK, <b>E</b> C.)      |                                 | /////////////////////////////////////// |  |
| 11. Check  | Appropriate Box to In                            | dicate N             | lature of Notice R                 | eport or Other                  | Data                                    |  |
| NOTICE OF INT  |  |                      |                                    | SEQUENT RE                      |   |  |
|  |  |                      |                                    |                                 |   |  |
|  | PLUG AND ABANDON                                 | · 凵                  | REMEDIAL WORK                      | A []                            |   |  |
|  | CHANGE PLANS                                     |                      |                                    | G OPNS. 🗌 F                     |   |  |
|  |  |                      | CASING TEST AND C                  |                                 |   |  |
| OTHER: Perf Addl Pay, Aci  | diza & Fran                                      | XX                   |                                    |                                 | <u> </u>                                |  |
| UINEM: LELL AUUL LAY, ACL  | urze, u ride                                     | _ <u>^</u>           | OTHER:                             |                                 | [                                       |  |
| 12. Describe Proposed or Completed Operation   | tions (Clearly state all pertinent               | details, an          | i give pertinent dates, inclu      | iding estimated date of s       | tarting any proposed                    |  |
| work) SEE RULE 1103.   |  |                      |                                    |                                 |   |  |
| 1. Cleanout to TD @  |  | do •                 | - 2200                             |                                 |   |  |
| <ol> <li>Spot acid 3568-3468. Swab fluid down to 3300</li> <li>Perf 2 JSPI at 3512, 17, 32, 47.</li> </ol> |  |                      |                                    |                                 |   |  |
|  | Test backside to                                 | 500 ps               | si.                                | $\langle \rangle$               |   |  |
| 5. Acidize Eumont p  | erfs w/ 3000 gal                                 | 15% N                | NEFE.                              | 1                               |   |  |
| 6. Frac Eumont w/ 2  | 3000 gal 40# line                                | ear gel              | L, 23000 gal CC                    | 0 <sub>2</sub> and 130,20       | 0 # 12-20  sand.                        |  |
| 7. Flow back. Clea   | n out sand. Plac                                 | e on p               | oump.                              |                                 |   |  |
|  |  |                      |                                    |                                 |   |  |
|  |  |                      |                                    |                                 |   |  |
|  |  |                      |                                    |                                 |   |  |
|  |  |                      |                                    |                                 |   |  |
|  |  |                      |                                    |                                 |   |  |
| I hereby certify that the information above is true  | and complete to the best of my know              | wiedge and t         | elief.                             |                                 |   |  |
| PD PU  | enour  |                      | <u>E Engineer's A</u>              | ssistant                        | 7-2-90                                  |  |
| SKONATURE  |  | πι                   | E                                  |                                 | DATE                                    |  |
| TYPE OR FRINT NAME L. D. Rid   | enour  |                      |                                    |                                 | TELEPHONE NO. 393-7191                  |  |
| (This space for State Usa)   |  |                      |                                    | ·                               |   |  |
| (This space for State Upp) (STATION AND AND AND AND AND AND AND AND AND AN                                 | ST STARY SEXTON                                  |                      |                                    |                                 | JUL 0 6 199                             |  |
| APTROVED BY  | SUPERVISOR                                       | πι                   | E                                  |                                 |   |  |
| CONDITIONS OF AFTROVAL, IF ANY:  | 10.0 <b>4</b> v#                                 |                      |                                    |                                 |   |  |
|  |  |                      |                                    |                                 |   |  |
|  | J  |                      |                                    |                                 |   |  |



## **Job separation sheet**

T

|  | •                |                           |            |  |   |   |                  |  |  |
|--|------------------|---------------------------|------------|--|---|---|------------------|--|--|
| STATE OF NEW MEXICO  |                  |                           |            |  |   |   |                  |  |  |
| ENERGY AND MINERALS DEPARTMEN  | r                |                           |            |  |   | Form C-104                              |                  |  |  |
|  |                  |                           |            |  |   |   | -78              |  |  |
| DISTRIGUTION   | 0                | Format 06-01-             | 83         |  |   |   |                  |  |  |
| BANTA FE   | Ŭ                | Page 1                    |            |  |   |   |                  |  |  |
| PILE   |                  |                           |            |  |   |   |                  |  |  |
|  |                  | SANTA FE, NE              | WWEAD      |  |   |   |                  |  |  |
| TRANSPORTER OIL  |                  |                           |            |  |   |   |                  |  |  |
| 0 4 6  |                  | REQUEST FO                | R ALLOW    | ABLE   |   |   |                  |  |  |
| PROBATION OFFICE   |                  |                           | AND        |  | •   |   |                  |  |  |
|  | AUTHOR           | ZATION TO TRANS           | SPORT OIL  | AND NATI   | JRAL GAS  |   |                  |  |  |
| 1.   |                  |                           |            |  |   |   |                  |  |  |
| Operator<br>Monto of Decoding in the   |                  | ·                         |            |  |   |   | ·                |  |  |
| Texaco Producing Inc.  |                  |                           | ·          |  |   |   |                  |  |  |
| Address  |                  | 00040                     |            |  |   |   |                  |  |  |
| P.O. Box 728, Hobbs, Ne  |                  | 88240                     | ·····      |  |   |   |                  |  |  |
| Reeson(s) for filing (Check proper box)  |                  |                           |            | Other (Plea  | se esplainj   |   |                  |  |  |
| New Voli   |                  | n Transporter of:         |            |  |   |   |                  |  |  |
| Recompletion   |                  | <u> </u>                  | Dry Gas    | Change d   | of Transporter of                                   | of Gas                                  |                  |  |  |
| Change in Ownership  | C •••            | ngheod Gas                | Condensate |  |   |   |                  |  |  |
| I channel of any arching size same   |                  |                           | 4          |  |   |   |                  |  |  |
| If change of ownership give name<br>and address of previous owner  |                  |                           |            |  |   |   |                  |  |  |
| •  |                  |                           |            |  |   |   |                  |  |  |
| II. DESCRIPTION OF WELL ANI  |                  |                           |            |  |   |   | •                |  |  |
| Lease Name   |                  | Pool Name, Including      |            |  | Kind of Lease                                       |   | Lecse No.        |  |  |
| New Mexico "H" St. NCT-  | 2 30             | Eumont Yates              | 7-River    | s Queen  | State, Federal or Fee                               | State                                   | B-160-1          |  |  |
| Location   |                  |                           |            |  |   | -                                       |                  |  |  |
| B 8  | 51<br>Feet Fro   | m The North               | Ine and    | 1825   | Feet From The                                       | East                                    | Ľ                |  |  |
|  |                  | -                         |            |  | v   |   |                  |  |  |
| Line of Section 20 Tow   | mahip            | 205 Range                 | 37E        | , NMP  | м, Lea  |   | County           |  |  |
|  |                  |                           |            |  |   |   |                  |  |  |
| <b>M. DESIGNATION OF TRANSF</b>  | ORTER OF         | OIL AND NATURA            | L GAS      |  |   |   |                  |  |  |
| Name of Authorized Transporter of Cil  |                  | ondensate X               |            | (Give oddres.  | to which approved copy                              | of this form is t                       | o be sentj       |  |  |
| None   |                  |                           | 1          |  |   |   |                  |  |  |
| Name of Authorized Transporter of Cas  | ingt and Gas     | ot Dry Gas X              | Address    | (Cive oddres:  | to which approved copy                              | of this form is i                       | o be sensj       |  |  |
| Texaco Producing Inc.  |                  | •                         | P.O.       | Box 3000   | ), Tulsa, Oklaho                                    | oma 74102                               |                  |  |  |
| If well produces all or liquids,   | Unit Sec         | Twp. Rge.                 |            |  | when  |   |                  |  |  |
| give location of tanks.  |                  |                           | Yes        |  | 9/7/  | 88                                      |                  |  |  |
|  | 11               |                           |            |  |   |   |                  |  |  |
| If this production is commingled wit   | n that from at   | iy other lesse or pool    | , give com | mingling ord   | er number:  | · · · · · · · · · · · · · · · · · · ·   |                  |  |  |
| NOTE: Complete Parts IV and V  | 7 on reverse s   | ide if necessary.         |            |  |   |   |                  |  |  |
|  |                  |                           | ll I       | ~  |   |   |                  |  |  |
| VI. CERTIFICATE OF COMPLIA   | NCE              |                           |            | DIL  | CONSERVATION [                                      |   |                  |  |  |
| thereby comify that the pales and templatic  | one of the Oil C | opropulsion Division have |            | 0. / F =   | - 1991 V i  | 1 1000                                  |                  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have<br>been complied with and that the information given is true and complete to the best of |                  |                           |            | OVED   |   | ••••••••••••••••••••••••••••••••••••••• | 19               |  |  |
| my knowledge and belief.   |                  |                           |            |  | Orig. Si  |   |                  |  |  |
|  |                  |                           |            | Paul Kautz<br>Geologist  |   |   |                  |  |  |
| -  |                  |                           | TITLE      | E  | Geor  |   |                  |  |  |
|  | 7                |                           |            | his form is  | to be filled to complia                             |   | ,                |  |  |
| Ja Hear  |                  |                           |            | This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deepened |   |   |                  |  |  |
| (Siena   | iwaj             |                           | well,      | his form mu  | at be accompanied by                                | a tabulation o                          | of the deviation |  |  |
| Hobbs Area Superintende  | nt               |                           |            |  | well in accordance                                  |   |                  |  |  |
| (Tiil  |                  |                           |            |  | of this form must be fi                             | lled out comple                         | stely for allow- |  |  |
| 9-8-88   |                  |                           | 11         |  | ecompleted wells.                                   | •                                       | _                |  |  |
| (Doi:  | •)               |                           |            |  | Sections I, II, III, a<br>er, or transporter, or of |   |                  |  |  |
|  |                  |                           | 11         |  | ma C-104 must be fil                                | -                                       | •                |  |  |
|  | •                |                           |            | ted wells.   |   | in the second pro-                      |                  |  |  |
| •  |                  |                           |            |  |   |   |                  |  |  |
|  |                  |                           |            |  |   |   |                  |  |  |
|  |                  |                           |            |  |   |   |                  |  |  |
|  |                  |                           |            |  | •   |   |                  |  |  |
| •  |                  |                           |            |  |   |   |                  |  |  |