

## OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.		30 025 27917	
5. Indicate Type of Lease		STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.			
7. Lease Name or Unit Agreement Name			
WEIR, M. B. -B-			
8. Well No.			
11			
9. Pool Name or Wildcat			
MONUMENT TUBB SKAGGS ABO			
Feet From The WEST Line			
MPM		LEA COUNTY	

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		8. Well No.      11	
2. Name of Operator      TEXACO EXPLORATION & PRODUCTION INC.		9. Pool Name or Wildcat      MONUMENT TUBB SKAGGS ABO	
3. Address of Operator      205 E. Bender, HOBBS, NM 88240			
4. Well Location			
Unit Letter    N    ;    660    Feet From The    SOUTH    Line and    2079    Feet From The    WEST    Line			
Section    12    Township    20S    Range    37E    NMPM    LEA    COUNTY			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		3572' GL	

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
OTHER:			<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPERATION	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		
OTHER:		DHC MONUMENT TUBB & SKAGGS ABO	<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.

8-06-96: TUBB ZONE: MIRU. RU COIL TBG UNIT. C/O TO 6917'. RECVD TR OF OIL. NO FRAC SD. RIG DOWN.  
8-13-96: MIRU. PU BROKE DN. REM TREE & INSTL BOP. UNSET SHORT STRING.  
8-14-96: TOH W/197 JTS 6177' OF 2 3/8" TBG. UNSET PKR. TOH W/TBG. TIH W/BIT,BIT SUB ON 2 3/8" TBG TO 3900'.  
8-15-96: TIH W/BIT ON TBG TO PBTD @ 7630'. NO FILL. TOH & LD 6200' 2 3/8" TBG. TIH W/OPSMMA, SN, TBG. SET TBG @ 7140'. SN @ 7110'. TAC @ 6166'. REM BOP & NU WH.  
8-16-96: TIH W/GAS ANCHOR, PUMP, RDS. PUMP DRAGGING 600' FR SN. PUMP 220 GALS PARAFFIN SOLVENT DN TBG. FLSH W/30 BBLS 2% KCL. TIH W/SAME ROD STRING. STACK OUT RODS. RIG DOWN.  
8-17-96: INSTL PUMPING UNIT.  
8-19-96: INSTL ELEC. PUMPING & TESTING.  
ON 24 HR OPT. PUMPED 1 BO, 1 BW, & 712 MCF.

PERCENTAGE SPLITS ARE: MONUMENT TUBB: OIL-90%, WATER-100%, MCF-56%

SKAGGS ABO: OIL-10%, WATER-0% MCF-44%

## FINAL REPORT

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 1/19/99  
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use) \_\_\_\_\_

APPROVED BY \_\_\_\_\_ CHIEF SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

TC