to Appropriate District Office

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. 3002529207

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 Producing Inc.

8. Well No. 16

3. Address of Operator: PO Box 728, Hobbs, New Mexico 88240

9. Pool name or Wildcat: Skaggs Drinkard

4. Well Location

Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line

Section 12 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3557' GL

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.

1) MIRUPU. Kill well. Install BOP. Tag PBTD and tally out of hole, clean out if necessary.

2) Reperforate the following intervals with 2 JSPF: 6613', 40, 63, 80, 88, 95, 99, 6701', 03, 05, 24, 29, 34, 44, 52, 61, 81, 85, 92, 97, 6801', 25, 32, 49, 53, 60, 67 (27 intervals; 54 holes).

3) Acidize with 2500 gallons 15% acid.

4) Frac with 83,000 gallons 40# XL 2% KCL and 313,600# sand in two stages with 5% Diesel.

5) TIH with production equipment and return to production.

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

SIGNATURE J A Head TITLE Hobbs Area Superintendent DATE 6/12/89

TYPE OR PRINT NAME James A. Head TELEPHONE NO. 397-3571

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JUN 15 1989

CONDITIONS OF APPROVAL, IF ANY: