Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

PERFORM REMEDIAL WORK

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

WELL API NO. 30-025-30119 5. Indicate Type of Lease FEE X STATE

ALTERING CASING

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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) M. B. Weir "B" 1. Type of Well: GAS WELL WELL X OTHER 8. Well No. 2. Name of Operator 13-Y Texaco Producing Inc. 9. Pool name or Wildcat 3. Address of Operator Skaggs Drinkard P.O. Box 730, Hobbs, NM 88240 Well Location 1850 690 Feet From The South Line Feet From The Line and Unit Letter _ Lea County 20S 37E nship 20S Range 37E 7 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** Township 3553' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO:

PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER:. OTHER:

REMEDIAL WORK

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.

- MIRU. Kill well. Install BOP. POH w/tbg & pkr. 1)
- Perf w/4 JSPF 6664,66,68,70,72,76,82,93,6772,74,80,96,6810,12,14,16,26,44,46, 50,54,57'. (22 Int/88Hles)
- TIH w/pkr. Set @ ± 6560 '. Ld backside to 1000 psi. 3)

PLUG AND ABANDON

- A/w/3500 gals 15% NEFE. 4)
- Frac w/79,200 gals 40# Borate XL 2% KC1, 16,000# 100 mesh, 245,200# 20/40 Brady & 35,200# Curable Resin Coated Sand. SI 24 hours.
- POH w/treating pkr. TIH w/prod tbg & place on prod.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	Area Manager DATE 01/26/90
TYPE OR PRINT NAME J. A. Head	TELEPHONE NO. (505) 393-719
(This space for State Use) RIGINAL SIGNED BY JERRY SEXTON DISTRICY LISTRICY	FEB 0 5 1990
	DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-