

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-30317
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 C.H. WEIR "B"
8. Well No. 10
9. Pool name or Wildcat SKAGGS DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3571' GL

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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Texaco Exploration and Production Inc.
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	4. Well Location Unit Letter I : 1790 Feet From The SOUTH Line and 410 Feet From The EAST Line Section 11 Township 20-S Range 37-E NMPM LEA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3571' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

9/8/92 - 9/14/92

- MIRU, TOH W/ PROD EQUIP, TESTED CSG TO 500#, OK.
 - ACIDIZED SKAGGS DRINKARD FR 6644'-6879' W/ 5000 GALS 15% HCL NEFE. MAX P = 3100#, AIR = 6.5 BPM.
 - SCALE SQZD PERFS W/ 2 DRUMS SCALE INHIBITOR IN 26 BFW, OVERFLUSHED W/ 5 GALS DEMULSIFIER IN 375 BPW. SI 24 HRS. RETURNED WELL TO PRODUCTION.
- OPT 9-23-92 6 BOPD, 69 BWPD, 162 MCF

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 10-2-92
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JOHN F. VETTER
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 07 1992