State of New Mexico

Submit 3 conies

to Appropriate District Office	Energ	inerals and Natural R	lesources Department		Form C-103	
DISTRICT I	OH C	ONCEDVATI			Revised 1-1-89	
P.O. Box 1980, Hobbs, NM	1 88240 OTL C		ON DIVISION	WELL API NO.		
DISTRICT II		P.O. Box 208		30-025-33357		
P.O. Box Drawer DD, Artes	ia, NM 88210 Sa	ınta Fe, New Mexic	o 87504-2088	5. Indicate Type of Lease		
DISTRICT III				STATE [FEE	
1000 Rio Brazos Rd., Azteo	c, NM 87410			6. State Oil / Gas Lease No.		
(DO NOT USE THIS FOR	JNDRY NOTICES AND RM FOR PROPOSALS TO RENT RESERVOIR. USI (FORM C-101) FOR	7. Lease Name or Unit Agreement NEW MEXICO "H" STATE NCT				
Type of Well: OIL WELL						
2. Name of Operator	TEXACO EXPLORATION	8. Well No. 25				
L	205 E. Bender, HOBBS, 1	9. Pool Name or Wildcat EUMONT YATES SEVEN RIVERS (OLIFEN (PRO GAS)			
4. Well Location					ZOCEIV (I NO GAS)	
Unit Letter	O : 660	Feet From The SOU	TH Line and 1650	Feet From The <u>EAST</u>	Line	
Section 31	Township		Range <u>37E</u> NM	MPMLEA_CC	YTNUC	
	10. Elevat	on (Show whether DF, RI	(B, RT,GR, etc.) 3542 GL			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK	PLUG AND A	BANDON	REMEDIAL WORK	ALTERING CASING	лг. —	
TEMPORARILY ABANDON	CHANGE PL	ANS	COMMENCE DRILLING OPE		ONIMENIT [7]	
PULL OR ALTER CASING	Ä		CASING TEST AND CEMEN		ONMENT	
OTHER:		П	i	-		
			OTHER:	COMPLETION	🖂	
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) MIRU, install BOP, perf 31 2) Rel packer & clear perfs. S 3) Frac perfs with 80,000 gals 4) Clean out sand to 3564'(PE 5) TIH & tag sand @ 3539', c 6) Flaring gas due to high CO 7) Testing 4-22-96 thru 5-6-96 8) OPT 0-BO, 6-BW, 376-MO	is 500 CO2, 274,000# 1 <i>27</i> , 3TD). 4-19-96. lean out to PBTD. TIH ps, 2 content. 4-21-96. 6.	e to frac. 4-17-96. 20 brady sand, 40,000# 1	2/20 resin. Rel pkr. 4-18-96	5.		

I hereby certify that the information above is true and	complete to the best of my knowledge and belief.	
SIGNATURE LULL	TITLE Engineering Ass	istant DATE 8/6/96
TYPE OR PRINT NAME	Paula S. Ives	Telephone No. 397-0432
(This space for State Use)		APA AF AME
APPROVED BY	TITLE	SEP 95 1996
CONDITIONS OF APPROVAL, IF ANY:	DATE	