State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION DISTRICT WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-04860 DISTRICT Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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.) 1. Type of Weil: WELL X WELL OTHER J. K. Rector 2. Name of Operator 8. Well No. Texaco Producing Inc 9. Pool same or Wildox 3. Address of Operator P. O. Box 730 Hobbs, NM 88240 Eumont Yates 7 Rv On Well Location __ Feet From The __ North Line and ___660 :660 East _ Feet From The _ Unit Letter A Township 21S Range **NMPM** Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u> 3635</u> DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON **ALTERING CASING** PERFORM REMEDIAL WORK REMEDIAL WORK **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** 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. Test csg to 300#. 1. Cap CIBP at 3550' w/ 35' cmt. New PBTD 3515'. 2. Perf @ 3185,97,3212,25,48,65,80,98,3310,16,25,73,76,93,96. 3. Set pkr @ 3050'. Acidize w/ 1500 gal 15% NEFE HCl. 4. Frac w/ 25,000 gal 40 lg gel, 25,000 gal CO2 & 218,000 lbs 12/20 sand. Frac sand to be radioactively tagged.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. muz Engineer's Assistant _ DATE _8-31-90 SIGNATURE . D. Ridenour TELEPHONE NO. 393-7191 TYPE OR FRINT NAME (This space for State Use)

TITLE

Clean out well to PBTD. Run GR log to evaluate stimulation effectiveness. Run production tbg. Place on production &

CONDITIONS OF AFFROVAL IF ANY:

APTROVED BY --

test.