

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.	30-025-26236
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	LG-6004
7. Lease Name or Unit Agreement Name	
Getty 36 State Com	
8. Well No.	1
9. Pool name or Wildcat	East Grama Ridge Morrow

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Texaco Producing Inc.	
3. Address of Operator P. O. Box 730, Hobbs, NM 88240	
4. Well Location Unit Letter F 1980 Feet From The North Line and 1650 Feet From The West Line Section 36 Township 21S Range 34E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3691' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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. Spotted 200 gal. 10% acetic acid.
2. Perfed 4-1/2" csg. from 12,780 - 86 w/ 4 JSPF.
3. Swabbed well.
4. Acidized perfs 12,780 - 12,950 w/ 1000 gal. 7-1/2% HCl w/ 1000 SCF of N₂/bbl. Avg. press. - 5,300#. AIR - 2BPM.
5. Swabbed/flowed back 48 BLW w/ light blow of gas.
6. Acidized perfs 12,780 - 12,950 w/ 500 gal. 7-1/2% HCl and 3600 gal. mud acid. Avg. press. - 6000#. AIR - 3BPM.
7. Swabbed back 126 BLW w/ slight blow of gas.
8. Work unsuccessful. Well SI.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 4-25-90
TYPE OR PRINT NAME J. A. Head TELEPHONE NO. 505-393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: