## Submit 3 Copies to Appropriate District Office

## State of New Mexico

1. Type of Well: WELL

2. Name of Operator

3. Address of Operator

Section

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

**TEMPORARILY ABANDON** 

**PULL OR ALTER CASING** 

4. Well Location

11.

OTHER:

2. TESTING.

P. O. Box 3109

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

TEXACO PRODUCING INC.

Unit Letter B :

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-30815 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE X STATE 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.) O. L. COLEMEN WELL X OTHER 8. Well No. 6 9. Pool name or Wildcat Midland, Texas 79702 **EUMONT YATES 7 RIVERS (PRO GAS)** 990 Feet From The NORTH 1980 Feet From The EAST Line and Line ship 21-SOUTH Range 36-EAST

10. Elevation (Show whether DF, RKB, RT, GR, etc.) Township 21-SOUTH NMPM LEA County GR-3622', KB-3634' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: COMPLETION 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 1. MIRU X-PERT & CLEAN OUT TO PBTD OF 3745'. UNION RAN GR-CCL FROM 3745'-2500'. PERF w/1 JSPF 3588-3612, 3628-50, 3712-16, 3730-36. 60 HOLES. ACIDIZED w/ 3000 GAL 7.5% NEFE. FRAC w/ 70000 GAL GELLED 60 QUALITY CO2 FOAM & 113000# 12/20 SAND 5-18-90. FLOWED 300 MCF IN 24 HRS 5-19-90. 3. PREP TO RUN 4 POINT TEST. TILE DRILLING SUPERINTENDENT DATE 05-30-90

I hereby certify that the information above is true and complete to the best of my knowledge and belief. TELEPHONE NO. 915-6884620 TYPE OR PRINT NAME C. P. BASHAM (This space for State Use) Orig. Signed by JUN 6 & 1990 Paul Kautz Geologist APPROVED BY -