Submit 3 copies to Appropriate District Office

State of New Mexico

Energ

linerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	- ,		Troourous Dopartinon		Revised 1-1-89
DISTRICT I	OIL CO	NSERVAT	TON DIVISION	WELL API NO.	
O. Box 1980, Hobbs, NM 88240 P.O. Box 2088				30-025-30886	
<u>DISTRICT II</u>	Sant		cico 87504-2088	5. Indicate Type of Lease	
P.O. Box Drawer DD, Artesia, NM	88210 Sant	a i e, inew iviez	(100 07304-2000	STATE	FEE 🗍
DISTRICT III				6. State Oil / Gas Lease No.	
1000 Rio Brazos Rd., Aztec, NM 8				LG-6	640
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT				7. i.ease Name or Unit Agreemen	t Name
	(FORM C-101) FOR SU			BILBREY 32 STATE COM	
1. Type of Well: OIL WELL	GAS WELL OTHI	ER			
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	
3. Address of Operator P.O.	BOX 730, HOBBS, NM	88240		9. Pool Name or Wildcat BILBREY MORRO	wc
4. Well Location		•••			
Unit LetterF	<u>: 1980 _</u> Fo	eet From The <u>NC</u>	DRTH Line and 1980	Feet From The WEST	_Line
Section 32	Township2	218	_ Range32E NM	MPMLEA_	COUNTY
	10. Elevation ((Show whether DF, R	KB, RT,GR, etc.) GR-3742	, KB-3767'	
^{11.} Cł	neck Appropriate B	ox to Indicate	Nature of Notice, Repor	t, or Other Data	
NOTICE OF INTE	ENTION TO:		SI	JBSEQUENT REPORT	OF:
	PLUG AND ABA	лоои Г	REMEDIAL WORK	ALTERING CASIN	
PERFORM REMEDIAL WORK	CHANGE PLAN	_	COMMENCE DRILLING OP	=	브
TEMPORARILY ABANDON	브	·	CASING TEST AND CEMEN	_	
•		Г	¬	11 3CB	
OTHER:			OTHER:		<u>L</u>
BLED TBG DOWN TO 1000# 3. RETRIEVED PLUG, INSTALI	13,810' IN X NIPPLE. IP DOWELL NITROGE 5. SDON. LED TREE SAVER. AC 7500 SCF/BBL NITROC FLOWED BACK WELL	MADE RUN TO ON UNIT. TSTD TE CIDIZED BILBREY GEN. MAX P = 650 SWABBED WE	CLOSE PLUG. LOADED CSG G & TREE W/ NITROGEN TO MORROW PERFORATIONS 30#, AVG P= 6200#, AIR = 3.8	G W/ 60 BBLS 2% KCL WATER. O 5000# FOR 30 MINS, HELD O FROM 14,003'-14017' W/ 5000 P B BPM, ISIP = 3940#, 15 MIN P =	TSTD CSG TO K. GALS 7 1/2%
Thereby certify that the information above is true at SIGNATURE TYPE OR PRINT NAME (This space for State Lise)	Monte C. Dun	_{TITLE} Er	ngr Asst	DATE	1/23/96 397-0418
	GARY WINK	ບ ສາ TITLE		DATE	JAN 3 0 199
APPROVED BY				VAIE	IJJ:

वहर विस्तरम् ॥

