

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Box 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.	30-025-10189
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	BAKER -B-
8. Well No.	9
9. Pool Name or Wildcat	DRINKARD
10. Elevation (Show whether DF, RKB, RT,GR, etc.)	

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
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter L : 2130 Feet From The SOUTH Line and 810 Feet From The WEST Line
Section 10 Township 22S Range 37E NMPM LEA COUNTY

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPERATION ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

7/21/97 MIRU NU bop. Unseat pkr and toh w/202 jts 2 3/8.
7/22/97 Clean out to 6444
7/23/97 Clean out to 6446 and could go no farther. Tih w Tubing and set @ 6375.
7/24/97 Bled down well and ND bop. Rig down pulling unit.
7/28/97 MIRU Ram swab unit. swab and recovered 38 blw.
7/29/97 to 8/1/97 swab and rig down
Testing 8/2/97 thru 8/12/97
8/13/97 24 hr shut in pressure tbg-170 csg-200
8/14/97 48 hr shut in pressure tbg-250 csg-300
8/17/97 thru 9/29/97 testing
9/30/97 0 bo, 0 bw, 24 mcf OPT final report

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

SIGNATURE Paula S. Ives TITLE Engineering Assistant

DATE 10/9/97

TYPE OR PRINT NAME Paula S. Ives

Telephone No. 397-0432

(This space for State Use) ORIGINAL SIGNED Paula S. Ives
APPROVED BY DISTRICT I SUPERVISOR TITLE Paula S. Ives

DATE OCT 23 1997

CONDITIONS OF APPROVAL, IF ANY:

