

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.<br>30-025-10766                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-158                                                               |
| 7. Lease Name or Unit Agreement Name<br>N.M. 'BZ' State NCT-8                                       |
| 8. Well No.<br>8                                                                                    |
| 9. Pool name or Wildcat<br>Langlie Mattix 7 RO <i>LB</i>                                            |

|                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Injection</u>                                                              |  |
| 2. Name of Operator<br><u>Texaco Exploration and Production Inc.</u>                                                                                                                                            |  |
| 3. Address of Operator<br><u>P.O. Box 730, Hobbs, NM 88241-0730</u>                                                                                                                                             |  |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line<br>Section <u>16</u> Township <u>23-S</u> Range <u>37-E</u> NMPM Lea County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3313' GL</u>                                                                                                                                           |  |

|                                                                               |                                                                |
|-------------------------------------------------------------------------------|----------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                |
| <b>NOTICE OF INTENTION TO:</b>                                                | <b>SUBSEQUENT REPORT OF:</b>                                   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input 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 checked="" 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.
- 10-29-91 NMOCC Rep Mr. R. A. Sadler witness following operations
  - Sqz 4 1/2" csg leak @ 1083'-1205'.
    - Set CIBP @ 3425'. Test csg below leak to 900#. Held OK.
    - Set Cmt Ret @ 999', Pump total 750 sx Class 'C' cmt & 1750 gal Flo Chek WOC 120 Hrs.
    - Drill out, Test unsuccessful.
    - Set Cmt Ret @ 959'. Pump 100 sx Howco Thixotropic cmt & 200 sx Class 'c' cmt. WOC 24 Hrs.
    - Drill out to CIBP @ 3425'. Test to 300# 30 min. Test OK.
    - C/O to PBTD of 3668'.
  - Set Inj Pkr @ 3248'. Load Csg w/inh. wtr. Test 300# 30 min-Held OK. (Chart on reverse).
  - 11-14-91 - Resume inj - 270 BWPD @ 1000#.

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

SIGNATURE *L.W. Johnson* TITLE Engr. Asst. DATE 12-2-91

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

