

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-25217

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-8580

7. Lease Name or Unit Agreement Name

RHODES YATES UNIT

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Texaco Exploration and Production Inc.

8. Well No.
4

3. Address of Operator
P. O. Box 730 Hobbs, NM 88240

9. Pool name or Wildcat
RHODES YATES SEVEN RIVERS

4. Well Location
Unit Letter A : 560 Feet From The NORTH Line and 660 Feet From The EAST Line
County

Section 28

Township 26-S

Range 37-E

NMPM

LEA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2992' KB

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: CONVERT TO WATER INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ 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.

1. MIRU. C/O TO 3325'.
2. PERF 5 1/2" CSG W/2 JSPF FR 3080'-3247'. (90 INTERVALS, 180 HOLES)
3. SPT 250 GALS 15% HCL NEFE FR 3080'-3325', SET PKR @ 2825'. LOAD BACKSIDE.
4. ACIDIZE PERFS W/5000 GALS 15% HCL NEFE @ 3 BPM.
5. TIH W/ 2 3/8" TBG AND PKR. SET PKR @ 3030'. LOAD BACKSIDE W/PKR FLUID. PRESSURE TEST (NOTIFY OCD FOR WITNESS). PUT ON INJECTION (MAX PRESSURE 616 PSI).
ORDER NO. WFX-644

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

SIGNATURE Darlene D. de Aragao

TITLE Production Engineer

DATE 12-01-93

TYPE OR PRINT NAME Darlene D. de Aragao

TELEPHONE NO. 393-7191

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE DEC 01 1993

CONDITIONS OF APPROVAL, IF ANY: