## State of New Mexico

Form C-103

DeSoto/Nichols 12-93 ver 1.0

District Office	٤n	ergy, wanerals and Nat	urai Re	sources Department		Revised '	1-1-89	
DISTRICT I	OII	L CONSERVA	TIO	ON DIVISION	WELL API NO.	<u> </u>		
O. Box 1980, Hobbs, NM 88240 P.O. Box 2088					30 025 30483			
DISTRICT II Santa Fe, New Mexico 87504-2088					5. Indicate Type of Lease			
P.O. Box Drawer DD, Artesia, NW 66210							EE 🛛	
DISTRICT III  1000 Rio Brazos Rd., Aztec	, NM 87410				6. State Oil /	Gas Lease No. 596800		
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.)						7. Lease Name or Unit Agreement Name SIMS, R. R. "A"		
1. Type of Well: OIL I GAS OTHER								
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.						1		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240						or Wildcat WILDCAT - WOLFCAMP		
4. Well Location			•	Line and 2200	Foot From T	The 187		
Unit Letter	N : 330			Line and _2308	Feet From T			
Section 4		•		_	IPM	<u>Lea</u> COUNTY		
	10.	Elevation (Show whether	DF, RK	B, RT,GR, etc.) 3317 GR	·			
11.	Check Approp	riate Box to Indicat	te Nat	ure of Notice, Report				
NOTICE OF I	NTENTION TO	<b>D</b> :		SU	JBSEQUE	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG	AND ABANDON		REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHAN	GE PLANS		COMMENCE DRILLING OPE		PLUG AND ABANDONMENT		
PULL OR ALTER CASING	_ ·		_	CASING TEST AND CEMEN			_	
OTHER:			_ 🗆	OTHER:	Recomplet	e in Wolfcamp	_ 🛛	
any proposed work) SEE 5-18-99: MIRU. TIH W/PEF 7314'. SPOT 106 GALS 15% CSG PERFS 7246-7312' W/ 5-19-99: BLED WELL DN IN 5-20-99: HOOK UP ON CHO 5-21-99: WELL FLOWING CHANGE OUT TIW VALVE. 6-01-99: ON 24 HR OPT. FE	RF GUN & PERF CS NEFE HCL ACR F 3000 GALS 15% NI I 10 MINS. RU SW. OKE. FLOW TO FR D 425 PSI @ 140 N INSTL TBG VALV	PERFS 7312-7246'.PULI EFE HCL. AB. FL @ SURF. END I NAC TANK. PRESS DRO INCF. LD TBG OUT OF I E. RIG DOWN.	PKR T L @ 70 OPPED	TO 7135'. SET PKR & PRE 000'. SWAB DRY. 0 TO 1100# ON 10/64 CHO	ESS CSG TO S		O IP	
TYPE OR PRINT NAME  (This space for State Use ORIGINAL APPROVED BY	<u>U 15e ( ) ( )</u> J. Denis	KL. TITLE_se Leake	Engir	neering Assistant		DATE 6/4/99 Telephone No. 397-0405	99.	
APPROVED BY D	ISTRICT I SUPE	RVISOR_TITLE				DATE		

CONDITIONS OF APPROVAL, IF ANY: