Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

Form C-103 Revised 1-1-89

Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		WELL API NO.
		30-025-31199
		5. Indicate Type of Lease
		STATE FEE X  6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)		B.F. HARRISON "B"
1. Type of Well:		
OEL X GAS WELL OTHER		
Name of Operator     Texaco Exploration and Production Inc.		8. Well No.
3. Address of Operator		9. Pool name or Wildcat
P. O. Box 730 Hobbs, NM 88240 4. Well Location		NW TEAGUE DEVONIAN
Unit Letter C: 340 Feet From The NORTH	Line and	1700 Feet From The WEST Line
Section 9 Township 23—S	Range 37-E	County NMPM LEA
10. Elevation (Show whether	ther DF, RKB, RT, GR, etc.)	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
3314' GI		<u> </u>
11. Check Appropriate Box to Indica	•	=
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CE	
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.		
08-30-93 / 09-08-93 (1) Abandon Fussalman parts, set CIRP @ 9735', can u	//E0' coment new DD	TD 08502
(1) Abandon Fusselman perfs, set CIBP @ 8735', cap w/50' cement, new PBTD= 8658'. (2) Perf Devonian 7446-7544' w/2JSPI (100 holes).		
(3) Flow test well (NMOCD granted surface commingle for testing, commingle application submitted to Santa Fe). (4) 09-10-93: Flow 415 oil, 0 wtr. 187 mcfd.		
(4) 03-10-33. Flow 418 Oil, 0 wit, 167 meta.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TUT Johnson	mue Engr Asst	DATE 11-10-93
TYPEOR PRINT NAME L.W. Johnson		тецерноме мо.397-7191
(This space for State Use)		
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BYDISTRICT I SUPERVISOR	TITLE	DATE NOV 2 9 1993

24 N. Teague Fasselman