

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 31200
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	HARRISON, B.F. "B"
8. Well No.	4
9. Pool Name or Wildcat	North Teague Fusselman
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3318, KB-3336

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
P.O. BOX 730, HOBBS, NM 88240

4. Well Location
Unit Letter D : 660 Feet From The NORTH Line and 800 Feet From The WEST Line
Section 9 Township 23S Range 37E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3318, KB-3336

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: Failed Workover attempt ☒

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.

The attempted workover as described in a form C-101 (dated 3/3/95; approved 3/3/95) submitted by Texaco for the subject well was a failure. Consequently, Texaco will continue to produce from the original zone (North Teague Ellenburger) effective 6/1/95. A new C-104 requesting an oil allowable is not necessary for the North Teague Ellenburger zone as per conversation with Donna Pitzer (Hobbs OCD representative).

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

SIGNATURE Darrell J. Carriger TITLE Engineering Assistant DATE 10/9/95
TYPE OR PRINT NAME Darrell J. Carriger Telephone No. 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: