

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

Submit 3 copies
to Appropriate
District Office

OIL CONSERVATION DIVISION

WELL API NO.

30 025 31539

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil / Gas Lease No.

FEE

7. Lease Name or Unit Agreement Name

HARRISON, B. F. - B -

8. Well No.

6

9. Pool Name or Wildcat

TEAGUE FUSSELMAN, NORTH

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 205 E. Bender, HOBBS, NM 88240

4. Well Location

Unit Letter F 1654 Feet From The NORTH Line and 1700 Feet From The WEST Line

Section 9 Township 23-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3330' 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ALTERING CASING ☐COMMENCE DRILLING OPERATION ☐PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

Request TA Status

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.

2-03-99: MIRU. BLED DN WELL. NUBOP & RU SPOOL UNIT. POH W/2 7/8" TBG & SWAB DN WELL. POH W/263 JTS & LD SUB PUMP & MOTOR.
2-04-99: SET CIBP @ 8800' & DUMP 35' CMT ON TOP OF PLUG (PBDT AT 8765'). LOAD AND TEST CSG W/500 PSI & CHART TESTED FOR 30 MIN-
OK. TIH W/278 JTS 2 7/8" TBG & DISPL CSG W/200 BBLS 2% FRESH KCL INHIBITED FLUID. TOH & LD 107 JTS 2 7/8" TBG.
2-05-99: LD 2 7/8" TBG (174 JTS). LOAD CSG & NDBOP & FLANGE UP WH.

(ORIGINAL CHART & COPY OF CHART ATTACHED)

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

SIGNATURE

J. Denise Leake

TITLE

Engineering Assistant

DATE 2/18/99

TYPE OR PRINT NAME

J. Denise Leake

Telephone No. 397-0405

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

4-23-2004

