Submit 3 copies to Appropriate District Office

State of New Mexico

Energ

iinerals and Natural Resources Department

Form C-103

Revised	d 1-1-89

DISTRICT I	OIL CONSERVATION DIVISION				
P.O. Box 1980, Hobbs, NM 88240			WELL API NO.		
DISTRICT II	P.O. Box 208	=	30 025 31539		
P.O. Box Drawer DD, Artesia, NM 88210	tesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE F	EE 🖂	
DISTRICT III			6. State Oil / Gas Lease No.		
1000 Rio Brazos Rd., Aztec, NM 87410		<u></u>	FEE		
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			
		HARRISON, B. F B -			
1. Type of Well: OIL GAS WELL WELI	OTHER				
2. Name of Operator		8. Well No.			
TEXACO EXPLORATION & PRODUCTION INC.					
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240		9. Pool Name or Wildcat TEAGUE FUSSELMAN, NORTH			
4. Well Location			TENIOSET GOCEAN IN, NO.		
Unit LetterF :1654 Feet From TheNORTH _Line and1700 Feet From TheWESTLine					
Section 9	Township 23-S	Range37-ENM	MPM 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:		JBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	П	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPE	ERATION PLUG AND ABANDONMENT	\Box	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
		OTHER:		П	
OTHER:	L	OTHER.		<u> </u>	
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.					
3/14/95: Acid treated wellbore with 1000 g 4/28/95: Acid treated with 1500 gallons 59					
4/30/95: tested (24 hours, sub-pump): 82 oil, 913 water, 0 MCF					
5/10/95: Scale squeezed with 220 gallons chemical then flushed with 340 bbls 2% KCL.					

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I hereby certify that the information above is true as		
SIGNATURE	TIFLE Engineering Assistant	DATE 8/10/95
TYPE OR PRINT NAME	Darrell J. Carriger	Telephone No. 397-0426
(This space for State Use)	4	AUG 14 1995
APPROVED BY	TITLE	DATEDATEDATE