State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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.
30-025-31539

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. State Oil & Gas Lease No.
313721

SUNDRY NOTICES AND REPORTS ON WELLS
(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

B. F. HARRISON -B-

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
TEXACO EXPLORATION AND PRODUCTION INC.

8. Well No.
6

3. Address of Operator
P. O. Box 3109   Midland, Texas 79702

9. Pool name or Wildcat
TEAGUE FUSSELMAN, NORTH

4. Well Location

Unit Letter __F__ : __1654__ Feet From The __NORTH__ Line and __1700__ Feet From The __WEST__ Line

Section __9__   Township __23-SOUTH__   Range __37-EAST__   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR-3313', KB-3330'

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: ## SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER:_____ ☐		OTHER: COMPLETION ☒	

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.

1. MIRU COMPLETION UNIT. CLEAN OUT CASING TO PBTD OF 8910'. TESTED CASING TO 3000# FOR 30 MINUTES 11-01-92.
2. SCHLUMBERGER RAN GR-CCL. PERFED w/ 2 JSPF: 8868-8870. 4 HOLES.
3. TIH WITH 2 7/8 TUBING. SET @ 8689'.
4. DOWELL ACIDIZED WITH 500 GAL 15% NEFE. 11-04-92.
5. WELL FLOWED 24 HOURS ON POTENTIAL TEST 11-07-92. RECOVERED 272 BO, 65 MCFPD.

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

SIGNATURE __C. P. Basham/CWH__   TITLE __DRILLING OPERATIONS MANAGER__   DATE __11-09-92__

TYPE OR PRINT NAME __C. P. BASHAM__   TELEPHONE NO. 915-6884620

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY_____   TITLE_____   DATE __NOV 12 '92__

CONDITIONS OF APPROVAL, IF ANY: