Submit 3 copies to Appropriate District Office

State of New Mexico Engage 17, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office					Rev	vised 1-1-8	
DISTRICT I	OIL CONSER	VATI	ON DIVISION	WELL API NO	o.		
P.O. Box 1980, Hobbs, NM 88240	P.C	. Box 208	38		30 025 31765		
DISTRICT II P.O. Box Drawer DD, Artesia, NM 88	Santa Fe, Ne	w Mexic	o 87504-2088	5. Indicate	Type of Lease		
DISTRICT III	,210				STATE 🔀	FEE [
1000 Rio Brazos Rd., Aztec, NM 874	110			6. State Oil	/ Gas Lease No.		
	OTICES AND REPORTS	ON WE	LL				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT					7. Lease Name or Unit Agreement Name		
DIFFERENT RES	ERVOIR. USE "APPLICAT 1 C-101) FOR SUCH PROP	ION FOR F OSALS.)	PERMIT	RHODES, V	W. HB- FED. NCT-1		
1. Type of Well: OIL GA	s \square				·		
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC.				8. Well No.	21		
3. Address of Operator 205 E. Bender, HOBBS, NM 88240				9. Pool Name	or Wildcat HODES YATES SEVEN RIVER	es	
4. Well Location					ISSES TATES SEVER HIVE	10	
Unit LetterI :	1543' Feet From Ti	ne <u>Sout</u>	th Line and 1093'	Feet From	The <u>East</u> Line		
Section 27	Township26-S		Range <u>37-E</u> NM	IPM	LEA COUNT	Υ	
	10. Elevation (Show whe	ther DF, RI	(B, RT,GR, etc.) 2974' GL				
11. Check A	Appropriate Box to Ind	icate Na	ture of Notice, Report	, or Other	Data		
NOTICE OF INTENTION	ON TO:		SU	IBSEQUE	NT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPE	RATION	PLUG AND ABANDONME	ит 📙	
PULL OR ALTER CASING		_	CASING TEST AND CEMEN	т ЈОВ			
OTHER:			OTHER:		Acidize	\boxtimes	
4/15/97: Tih w/bulldog bailer and cleaned w/500 psi. Acidize w/5000 gals 15% and 4/16/97: Toh w/pkr and tih w/2 7/8 tbg, ta w/pump, gas anchor,& rods. Hang on bea 4/17/97 thru 4-29-97: Testing 4/30/97 24 hrs 26 bo, 74 bw, 8 mcf OPT	3000# rock salt. Maximum in a salt. Maximum in a salt. Maximum in a salt. Botto arm and POP. Rig down Dav	Pressure 3 om of tbg a	800 psi, ISIP 1800 psi, 15 n	nin 1500 psi, <i>A</i>	Avg rate 3.5 BPM.		
I hereby certify that the information above is true and complete SIGNATURE TYPE OR PRINT NAME Pa (This space for State Use)	ete to she best of my knowledge and belie TITLE Rula S. IVes		eering Assistant		DATE <u>5/8/97</u> Telephone No. 397-04	32	
APPROVED BY	TITLE	~			DATE		
CONDITIONS OF APPROVAL IF ANY					UAIE		