

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.

3002532107

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil / Gas Lease No.

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 WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC

8. Well No.
11

3. Address of Operator
P.O. BOX 730, HOBBS, NM 88240

9. Pool Name or Wildcat
TEAGUE GLORIETA-UPPER PADDOCK, SOUTHWEST

4. Well Location

Unit Letter C : 560 Feet From The N Line and 2100 Feet From The W Line

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3312', KB-3326'

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: Additional Paddock perms ☒

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.

Objective: Convert sulfate scale, acidize, Perf additional upper Paddock pay & acidize new pay

- 1) Spot 175 gal scale converter 5052-5228', soak overnight
- 2) Spot 175 15% acid, swab residue
- 3) Acidize perms 4204-12' w/1500 gal 15% NEFE, swab residue
- 4) Perf 5123-36' w/2JSPI, acidize w/500 gal 15% NEFE, swab residue
- 5) Squeeze 110 gal scale inhibitor 5123-5212'
- 6) 7-10-94: Pump 202 oil, 108 wtr, 44 MCF
(Prior: Pump 18 oil, 202 wtr, 1 MCF)

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

SIGNATURE  TITLE Engineering Assistant

DATE 8/8/94

TYPE OR PRINT NAME Larry W. Johnson

Telephone No. 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

DATE AUG 10 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 11 1964

COMMUNICATIONS
OFFICE