State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbe, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-32107
DISTRICT II P.O. Drawer DD, Artosia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Azac, NM 87410			6. State Oil & Gas Lease No.
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.) 1. Type of Well:			7. Lease Name or Unit Agreement Name
			B.F. HARRISON 'B'
OR WELL X WELL CAS	ОПНЯ		
2. Name of Operator TEXACO EXPLORATION AND PRODUCTION INC.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 3109 Midland, Texas 79702 4. Well Location			UNDESIGNATED (GLORIETA)
	660 Feet From The NORTH	Line and	2100 Feet From The WEST Line
Section 9			NMPM LEA County
	10. Elevation (Show whether GR-3312', KB-3326'		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	• • •		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	-	CASING TEST AND C	EMENT JOB X
OTHER:		OTHER: SPUD & SU	PRFACE CASING X
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
2. RAN 28 JTS OF <u>8 5/8</u> , 24, 3. DOWELL CEMENTED WITH CLASS C W/ 2% CACL2 (14.8 4. NU BOP & TESTED TO 1500	#, wc-50, stc casing set @ 450 sacks class c w/ 4% gi : ppg, 1.32 cf/s). Plug dowi	1180'. RAN 10 CEN EL, 2% CACL2 (13.5 N @ 1:00 AM 10-21 FOR 30 MINUTES FR	5 PPG, 1.74 CF/S). F/B 200 SACKS
I hereby cartify that the information shows is to	rue and complete to the best of my knowledge and	belief.	
SIGNATURE C. P. Bash	/ / 🔿 / .		TIONS MANAGER DATE 10-25-93
TYPE OR PRINT NAME C.P. BASHAM	•		TELEPHONE NO. 915-688462

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

- TILE -

CONDITIONS OF APPROVAL, IP ANY: