## State of New Mexico

Form C-103

De≾oto/Nichols 10-93 ve. 10

E ,y, Minerals and Natural Resources Department

District Office								Revise	ea 1-1-89	
DISTRICT I		OIL CON	SERVA'	LIC	ON DIVISION	WELL API NO.	<del></del>			
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088							30 025 32173			
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088							pe of Lease			
DISTRICT III	sia, ivivi 882	210					STATE		FEE 🛛	
1000 Rio Brazos Rd., Azte	c, NM 8741	10				6. State Oil /	Gas Lease No.			
SI	UNDRY NO	TICES AND REF								
(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, BF B				
1. Type of Well: OIL WELL	⊠ GAS WEL									
2. Name of Operator TEXACO EXPLORATION & PRODUCTION INC							8. Well No. 14			
3. Address of Operator P.O. BOX 730, HOBBS, NM 88240							9. Pool Name or Wildcat			
4. Well Location						TEAGUE	GLORIETA-UPPER P	ADDOCK	<u>, sw</u>	
	E:	1800 Feet	From The	N	Line and 1650	Feet From T	he W	Line		
Section 9		_ Township 23S	3	R	ange <u>37E</u> NM	IPM	LEA C	OUNTY		
		10. Elevation (Si	how whether DI	F, RK	B, RT,GR, etc.) GR-3314',	KB-3328'				
11.	Check A	ppropriate Box	to Indicate	Nat	ure of Notice, Report	or Other D				
NOTICE OF							NT REPORT	OF.		
		PLUG AND ABANI	DON	_	REMEDIAL WORK		ALTERING CASING		г	
PERFORM REMEDIAL WORK		CHANGE PLANS			COMMENCE DRILLING OPE		PLUG AND ABANE		- 님	
TEMPORARILY ABANDON		CHANGE FEARS			CASING TEST AND CEMEN	=	, 200 / 110 / 10/110		لسا	
PULL OR ALTER CASING OTHER:				$\neg$	OTHER:	.,			П	
Objective: Convert sulfa  1) MIRU, installed BOP, pui 2) Pumped 240 gal ammoni 3) Spotted 340 gal 15% NE 4) Acidized Paddock perfs ( 5) Scale squeeze perfs w/1 6) 07-01-94: Pump 63 oil, 11 (Prior: Pump 21 oil, 12 v	lled production ium bicarbona FE, reversed (5098-5155') v 10 gal inhibito 38 wtr, 10 MC	n equipment, ran wo tte, soaked overnigh out w/2500 gal 15% NE r mixed in 24 bbls F	orkstring at, reversed out FE, swabbed re							
I hereby certify that the information abo	phus-		TITLE E	ngin	neering Assistant			26/94		
TYPE OR PRINT NAME	L	arry W. Johnso	n				Telephone No.	397-042	26	
(This space for State Use)					Paul by the		JUL	27	1994	
APPROVED BY			GT =		Goth dat		DATE	•	•	
CONDITIONS OF APPROVA	L, if ANY:		- '		ari mana Arian Arian		, <b>-</b>			