

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.	30 025 32223
5. Indicate Type of Lease	STATE FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	SIMS, G. W.
8. Well No.	1
9. Pool Name or Wildcat	North Teague; Drinkard - Abo/Tubb

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.</p>	
1. Type of Well:	OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	TEXACO EXPLORATION & PRODUCTION INC.
3. Address of Operator	205 E. Bender, HOBBS, NM 88240
4. Well Location	Unit Letter B : 510 Feet From The N Line and 2230 Feet From The E Line Section 9 Township 23S Range 37E NMPM Lea COUNTY
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GR-3310, KB-3324

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	DHC -1580 <input checked="" type="checkbox"/>

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.

7-22-97: MIRU. SET PLUG IN DRINKARD/ABO STRING @ 6367'. PUMP 5 BBLS 9.2# BRINE. PUMP 40 BBLS 9.2# BRINE INTO TUBB STRING. REM DUAL HANGER CAP FLANGE. INSTL BOP.

7-23-97: PULL HANGER W/100 POINTS. LD 154 JTS & STAND BACK 30 JTS TBG FR TUBB ZONE.

7-24-97: PULL PLUG FR DRINKARD/ABO STRING. REM TBG HANGER. REL PKR LATCH ASSEMBLY. PULL 193 JTS TBG.

7-25-97: KILL WELL W/80 BBLS 9.2# BRINE. RAN SHOE, JARS, DC'S ON WS TO 6068'.

7-28-97: KILL W/ 90 BBLS 10# BRINE. CUT OVER PKR FR 6368-6370'. PULL PKR PICKER TO 6068.

7-29-97: RECVD ALL FISH. RAN SONIC HAMMER ON 2 7/8" TBG TO 6997'. SPOT 500 GALS TOULENE ACR PERFS 6098-6995. PULL SONIC HAMMER TO 6058.

7-30-97: PUMP 301 BBLS 2% KCL FW THRU SONIC HAMMER TO CLN PERFS 6098-6244, TUBB ZONE & 6424-6995 DRINKARD/ABO ZONE. ACIDIZED DRINKARD/ABO PERFS 6424-6995 THRU SONIC HAMMER W/3486 GALS 15% NEFE. FLUSH W/6300 GALS 2% KCL FW. ACIDIZED TUBB PERFS 6098-6244 W/1512 GALS 15% NEFE. FLUSH W/4998 GALS 2% KCL FW. LEFT ANNULUS OPEN TO FLOWLINE.

7-31-97: SWAB. FL @ 3500' FR SURF. END FL-SCATTERED. KILL W/45 BBLS 10# BRINE. INSTL BOP. RAN 2 1/16" TBG.

8-01-97: RAN PERF SUB, SN, 2 3/8" TBG, TA. REM BOP. SN @ 7017'. TA @ 6030. RIG DOWN.

8-02-97: INSTL PLUNGER LIFT EQPT. REBUILD FLOWLINE HOOKUP.

8-04-97: RU SWAB UNIT. TIGHT SPOT @ 4200'. BROACH TIGHT SPOT W/1.850" BROACH.

8-05-97: BROACH OUT TBG TO 1.90" @ 4200'. & 4230'. RAN BROACH TO SN.

8-11-97: SWAB LINE PARTED. 8-14-97: INSTL BOP. PULL 2 3/8" TBG. RECVD LOST SWAB & SWAB LINE.

8-15-97: RAN MA, SN, TBG, TA. REM BOP. MA @ 7042. SN @ 7017. TA @ 6030. RAN GA ON PMP, & RDS. RIG DOWN.

8-17-97: SET PORTABLE PUMPING UNIT. ON PRODUCTION @ 11:00 AM. PUMPING & TESTING.

9-16-97: ON 24 HR OPT. PUMPED 31 BO, 33 BW, & 597 MCF. GOR-19,258. GRAV-37.7 @ 60. SN @ 7017. COMMINGLED POOLS. FINAL REPORT

NORTH TEAGUE TUBB -	OIL - 16	WATER - 16,	MCF - 265
NORTH TEAGUE DRINKARD/ABO -	OIL - 15	WATER - 17	MCF - 328

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

SIGNATURE J. Denise Leake TITLE Engineering Assistant DATE 5/7/01

TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

(This space for State Use)

APPROVED _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____ TITLE _____ DATE _____