Submit 3 copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

Revised 1-1-89

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

W. API NO. 30-025-32443

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 SALT WATER DISPOSAL

8. Well No. 16SWD

2. Name of Operator: TEXACO EXPLORATION & PRODUCTION INC.

9. Pool Name or Wildcat: UNDESIGNATED (LOWER SAN ANDRES)

3. Address of Operator: P.O. Box 3109, Midland Texas 79702

4. Well Location
Unit Letter D : 995 Feet From The NORTH Line and 531 Feet From The WEST Line
Section 9 Township 23-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT,GR, etc.) GR-3319', KB-3331'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPERATION	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:		COMPLETION	☒

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.

1. MIRU COMPLETION UNIT. CLEAN OUT CASING TO CASING SHOE. TESTED CASING TO 3000# FOR 30 MINUTES 6/4/94.
2. DRILLED OUT SHOE AND CLEANED OUT OPEN HOLE TO TD @ 4960'.
3. DOWELL ACIDIZED OPEN HOLE 4225' TO 4960' WITH 10000 GAL 15% HCL 6/5/94.
4. TIH WITH 2 7/8 INJECTION TUBING AND PACKER. SET PACKER @ 4206'.
5. TESTED PACKER TO 500# FOR 30 MINUTES 6/7/94.
6. PREP FOR INJECTION.

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

SIGNATURE C. P. Basham /scw TITLE Drilling Operations Mgr. DATE 6/9/94

TYPE OR PRINT NAME C. P. Basham Telephone No. 688-4606

(This space for State Use)

APPROVED BY FOR RECORD ONLY TITLE DATE JUN 20 1994

CONDITIONS OF APPROVAL, IF ANY:

Received JUN 1994 Hobbs, New