

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.	30-025-32443
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	HARRISON, B. F. 'B'
8. Well No.	16 400
9. Pool Name or Wildcat	UNDESIGNATED (LOWER SAN ANDRES)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3319', KB-3331'	

SUNDARY 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.)

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER SALT WATER DISPOSAL

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

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

4. Well Location
Unit Letter D : 996 Feet From The NORTH Line and 531 Feet From The WEST Line
Section 9 Township 23-S Range 37-E NMPM LEA COUNTY

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: ☐ 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 @ 4208'.
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 / cmh TITLE Drilling Operations Mgr. DATE 6/9/94

TYPE OR PRINT NAME C. P. Basham Telephone No. 688-4608

(This space for State Use)

APPROVED BY _____ TITLE DISTRICT ENGINEER DATE JUN 14 1994

CONDITIONS OF APPROVAL, IF ANY:

~~SECRET~~

Aug 9 1954

JOHN
OFFICE