

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.	30-025-32902
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	R. R. SIMS 'B'
8. Well No.	1
9. Pool Name or Wildcat	TEAGUE; TUBB, NORTH ASSOCIATED
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3314'

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.)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address of Operator
205 E. Bender, HOBBS, NM 88240

4. Well Location
Unit Letter O : 535 Feet From The SOUTH Line and 2030 Feet From The EAST Line
Section 4 Township 23-S Range 37-E NMPM LEA COUNTY

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3314'

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: ☒ ACIDIZED AND SQUEEZE

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.

11-2-95 RU DW & ACIDIZE THUR TREE 7" TUBB CGS. PERF 6116-6250 W/ 2000 GALS OF 15% NEFE HCL & 125 7/8 RCN BALLSEALERS. PICKLE TBG. W/500 GALS OF 15% HCL & 1000GALS XYLENE PRODUCTION PKR. @ 6082'. NO BALL ACTION MAX PRESS=40#, MIN PRESS=10#, AIR= 3BPM, ISDP=VAC. RD DOWELL & SI WELL.

11-3-95 SWAB 20BBLS LOAD WELL DEAD.

11-4-95 SWAB 20BBLS LOAD WELL DEAD.

11-5-95 IN 24HRS 50# FTP WELL FLOWED 0-BO 0-BW 249-MCF

12-4-95 IN 24HRS 50# FTP WELL FLOWED 0-BO 42BW 379-MCF OPT.

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

SIGNATURE Paul R. Wilcox TITLE Field Technician DATE 4/17/96

TYPE OR PRINT NAME Paul R. Wilcox Telephone No. 397-0442

(This space for State Use)

APPROVED BY RY SEXTON TITLE SUPERVISOR DATE APR 22 1996

CONDITIONS OF APPROVAL, IF ANY:

