

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OPERATOR'S COPY

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

5. Lease Designation and Serial No.
LC 0326508

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Number
COATES WIMBERLY FED COM
1

9. API Well No.
30 025 11735

10. Field and Pool, Exploratory Area
Justis Abo

11. County or Parish, State
LEA, NEW MEXICO

SUBMIT IN TRIPLICATE

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

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0432

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter K : 1980 Feet From The SOUTH Line and 2310 Feet From The
WEST Line Section 24 Township 25S Range 37E

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> OTHER: PROPERTY NAME CHANGE
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

EFFECTIVE 12-22-95, COATES A.B. C #13, PROPERTY NAME CHANGE, UPON RECOMPLETION TO THE JUSTIS ABO.

OLD NAME COATES, A.B. C #13

NEW NAME COATES WIMBERLY FED COM #1

ATTACHED IS A PROPERTY NAME CHANGE REQUEST TO THE NMOC (FORM C-104)



ACCEPTED FOR REC
J. Lara
MAY 22 1996
ELSBAD, NEW MEX

RECEIVED
MAY 3 10 43 AM '96

14. I hereby certify that the foregoing is true and correct

SIGNATURE Paula S. Ives TITLE Engineering Assistant DATE 5/1/96
TYPE OR PRINT NAME Paula S. Ives

(This space for Federal or State office use)

APPROVED BY

TITLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
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LC 0326508

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7. If Unit or CA, Agreement Designation

575 SUBMIT IN TRIPLICATE

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

8. Well Name and Number
COATES, A. B. -C-

2. Name of Operator
TEXACO EXPLORATION & PRODUCTION INC.

13

3. Address and Telephone No. 205 E. Bender, HOBBS, NM 88240 397-0442

9. API Well No.
30 025 11735

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Unit Letter K : 1980 Feet From The SOUTH Line and 2310 Feet From The
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10. Field and Pool, Exploratory Area
Justis Abo

11. County or Parish, State
LEA, NEW MEXICO

12. Check Appropriate Box(s) To Indicate Nature of Notice, Report, or Other Data

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

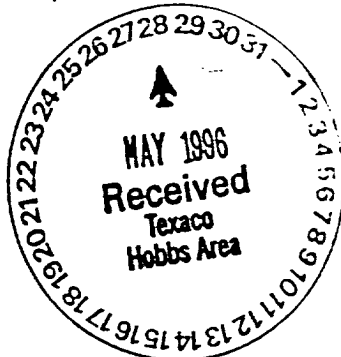
- ☐ Abandonment
☒ Recompletion
☒ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ OTHER: _____

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)

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1. 3-15-96, MIRU. TOH with production equipment. Install BOP.
2. Run casing scraper.
3. 3-18-96, Set CIBP @ 6600' & cap with 35' cement.
4. Perforate interval from 6180'-6521' with 2 jspr and 206 holes.
5. 3-20-96, Acid treat perforations.
6. 3-26-96, Swab well back to production.
7. Return well to production and place on test. 4-12-96 24 HR TEST 0- OIL, 0-WATER, 620 MCF/G



ACCEPTED FOR RECORD

J. Ives
MAY 22 1996

RLSBAD, NEW

APR 23 10 50 AM 1996

RECEIVED

14. I hereby certify that the foregoing is true and correct.

SIGNATURE Paula S. Ives TITLE Engineering Assistant DATE 4/29/96
TYPE OR PRINT NAME Paula S. Ives

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____