

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 11744
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil / Gas Lease No.	LC032650B
7. Lease Name or Unit Agreement Name	COATES, A. B. -C-
8. Well No.	22
9. Pool Name or Wildcat	MID JUSTIS ABO GAS POOL
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 B : 660 Feet From The NORTH Line and 2310 Feet From The EAST Line
Section 24 Township 25S Range 37E NMPM LEA COUNTY

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

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: ☒

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.

5-07-98: MIRU. LOAD & TEST CSG TO 500 PSI. MONITOR CASING FOR LEAKS. PUMP 1300 GALS 15% HCL @ 4 GPM. MAX PSI-400#. FOLLOW W/500# SALT BLOCK, 1300 GALS 15% HCL, 3.5 GPM. FOLLOW WITH 500# SALT BLOCK, 1400 GALS 15% HCL, 3 GPM. FLUSH W/24 BBLS 2% KCL WTR. SHUT IN FOR 1 HR. SWAB LOAD BACK & PUT BACK ON PRODUCTION.
5-10-98: ON 24 HR OPT. 0 BO, 3 BW, & 130 MCF.
FINAL REPORT

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 7/7/98
TYPE OR PRINT NAME J. Denise Leake Telephone No. 397-0405

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 7/7/98
CONDITIONS OF APPROVAL, IF ANY: