- Jun-Hobbs

Fo.m 3160-5 (June 1990)

TYPE OR PRINT NAME

CONDITIONS OF APPROVAL, IF ANY:

J. Denise Leake

APPROVED BY ORIG. SGD.) DAVID R. GLASS

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division P.O. Eox 1980

P.O. LOX 1980 Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135

Expires: March 31, 1993

| | | | | - | | | |
|---|--------------------|--|-------------------|---------------|---|-----------|--|
| SUNDRY NOTICE | 5. Lease De | 5. Lease Designation and Serial No. LC032650A | | | | | |
| Do not use this form for proposals to Use "APPLICATION | 6. If Indian, | 6. If Indian, Alottee or Tribe Name | | | | | |
| OSC 744 EIGATION | TORT ERROR - 10 | | | 7. If Unit or | r CA, Agreement Desi | ignation | |
| SUBM | MIT IN TRIPLICATE | Ξ | | | | | |
| 1. Type of Well: OIL GAS WELL WELL | 8. Well Nar | 3. Well Name and Number COATES, A. BD- | | | | | |
| 2. Name of Operator TEXACO EXPLOR | ATION & PRODUC | TION INC. | | | 3 | | |
| 3. Address and Telephone No. 205 E. Bender, HO | BBS, NM 88240 | | 397-0405 | 9. API Well | No. 3002511748 | | |
| 4. Location of Well (Footage, Sec., T., R., M., or S | urvey Description) | | | 10. Field an | 10. Field and Pool, Exploaratory Area | | |
| Unit Letter N : 990 Feet From T | he SOUTH Line a | ind <u>2310</u> | Feet From The | FUSSELMA | | | |
| WEST Line Section 24 | Township 25S | Rang | ge <u>37E</u> | 11. County | or Parish, State LEA , NE | W MEXICO | |
| 12. Check Appropriate | Box(s) To Ind | icate Natu | re of Notice, R | Report, or (| Other Data | | |
| TYPE OF SUBMISSION | | | 7 | TYPE OF ACT | ION | | |
| | | Abandonmen | t | | Change of Plan | ns | |
| M | | Recompletion | | | New Construct | tion | |
| ☑ Notice of Intent | | Plugging Back | • | | Non-Routine F | racturing | |
| Subsequent Report | | Casing Repair | | | Water Shut-Of | | |
| Final Abandonment Notice | | Atlering Casir | ng | | Conversion to | Injection | |
| | | OTHER: | RC TO UPPER FUSSE | LMAN | ☐ Dispose Water | | |
| | | | | | (Note: Report results of mult Completion or Recompletion | | |
| Describe Proposed or Completed Operations (Cle work. If well is directionally drilled, give subsurf | | | | | | | |
| TEXACO INTENDS TO RECOMPLETE THE SU THE INTENDED PROCEDURE IS AS FOLLOW | | THE UPPER I | FUSSELMAN FORM | IATION. | | 198 R | |
| RUPU & INSTL BOP. TOH W/PROD EQPT. TIH W/BIT & SCRAPER ON WS & C/O TO 6 | 860' | | | | E AU BBS | EC EC | |
| 3. TIH W/CIBP @ SET @ 6850'. | | | | | • 🔿 | | |
| 4. PERF FR 6772-6832'. | D & EVALIATE | | | | 流 | E1 | |
| 5. THE WIPKOU STRING TO BE PERF, SWAB & EVALUATE. 6. THE WIPKOR & SET 60 6700' & ACIDIZE PERFS 6772-6832' WI2000 GALS 15% HOLDREFE | | | | | | | |
| A THUMBOOD OTOMO TO BTM DEDE CMAD & EVALUATE | | | | | | | |
| TIH W/PROD STRING TO BTM PERF, SWA TOH W/PROD STRING. | B& EVALUATE. | | | | ×== | ب ا | |
| 10. SET CIBP @ 6770'. | | | | | C 5 | -2 | |
| 11. PERF 6638-6741'. 12. TIH W/PKR & SET @ 6350'. LOAD BACKSII | NE & TEST TO SOO | DCI | | | | | |
| 13. ACIDIZE PERFS FR 6638-6741' W/4000 GA | | | | | | | |
| 14. SURGE OFF BALLS. | | | | | | | |
| 15. SI 1 HR. SWAB BACK LOAD. 16. PUMP 3 DRUMS TH-395 MIXED IN 36 BBLS | S 2% KCL WTR. OV | ERFLUSH W | /400 BBLS 2% KCL | WTR. RETUR | RN TO PRODUCTIO |)N | |
| | | | | | | • | |
| 14. I hereby certify that the foregoing is supplend correct | f | | | | | | |
| SIGNATURE CANADO | Ka Ke .TITLE | Enginee | ring Assistant | | DATE | 12/22/98 | |

TTROLEUM ENGINEER

JAN 28 1933

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-102 Revised February 10,1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| ¹ API Number 3002511748 | 2 Pool Code 34777/ | Justin | Pool Name FUSSELMAN | |
|---------------------------------------|---------------------------------------|-----------------------------------|------------------------|--|
| Property Code | ⁵ Prope COATE | ⁶ Well No. | | |
| ⁷ OGRID Number 022351 | ⁸ Oper TEXACO EXPLORATI | ⁹ Elevation 3085 DF | | |

10 Surface Location

| UI or lot no. | Section | Township | Range | Lot.idn | Feet From The | North/South Line | Feet From The | East/West Line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 24 | 25S | 37E | | 990 | SOUTH | 2310 | WEST | LEA |

Bottom Hole Location If Different From Surface

| UI or lot no. | Section | Township | Range | Lot.ldn | Feet From | The | North/South Line | Feet From The | East/West Line | County |
|---------------|---------|--------------------|-------|---------------------------|-----------|--------|------------------|---------------|----------------|--------|
| Dedicated 40 | Acres | 13 Joint or Infill | 1 | ⁴ Consolidatio | n Code | 15 Ord | der No. | | <u></u> | |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED

OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

| OR A NON-STANDARD ON | IT HAS BEEN APPROVED BY THE DIVISION |
|---|---|
| | 17 OPERATOR CERTIFICATION |
| 16 | I hereby certify that the information |
| ı | contained herein is true and complete to the |
| ! | best of my knowledge and belief |
| | |
| | <u> </u> |
| | Signature Signature |
| | Printed Name |
| | J. Denise Leake |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Position |
| i | Engineering Assistant |
| | Date |
| i | 12/22/98 |
| | 18 SURVEYOR CERTIFICATION |
| | I hereby certify that the well location shown |
| t . | on this plat was plotted from field notes of |
| ! | actual surveys made by me or under my |
| | supervision, and that the same is true and |
| ı | correct to the best of my knowledge and |
| 1 | belief. |
| 2310' ± ×3 = | Date Surveyed |
| | |
| | Signature & Seal of Professional Surveyor |
| | I Professional Surveyor |
| | |
| 1 1 | ! |
| ↓ ▼ ↓ | Certificate No. |
| | Continuate No. |
| 0 330 660 990 1320 1650 1980 2310 2640 2000 | 1500 1000 500 0 |
| | DeSoto/Nichols 3/94 ver 1.10 |