Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. 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. 30025 11410

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-158-3

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

7. Lease Name or Unit Agreement Name: NM 'BZ' State NCT-10

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

8. Well No. 4

2. Name of Operator: Texaco Inc.

9. Pool name or Wildcat: Justis Blinebry

3. Address of Operator: P.O. Box 728 Hobbs, New Mexico 88240

4. Well Location
Unit Letter M : 660 Feet From The South Line and 989 Feet From The West Line

Section 2 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3151' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

1.) Pull production equipment. Set CIBP at 5910' and cap with 1 sx. cement plug.
2.) Set CIBP @ 5250'. Test 2⅞" casing to 300psi.
3.) Perforate Blinebry pay at 5182', 84', 88', 92', 97', 5201', 05', 11', 13', 19' w/ 1 JSPI away from "y" casing string. Acidize Blinebry perfs. 5182'-5224' w/ 1500 gal. 20% NEFE HCl acid followed by 10,000 gals. gelled 15% NEFE down 2⅞" packer on 2⅛" tubing. Swab to test.
4.) Rerun production equipment and pump to test.

Note: All work to be performed in east (E) 2⅞" casing string of "dual slimhole".

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

SIGNATURE K.L. Johnson TITLE AREA SUPERINTENDENT DATE JUL 1 0 1989

TYPE OR PRINT NAME K.L. Johnson TELEPHONE NO. 505-394-2585

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUL 1 4 1989

CONDITIONS OF APPROVAL, IF ANY: