Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Ene. Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-24432

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. K-3018

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: Ingram "O" State

1. Type of Well: OIL WELL [ ] GAS WELL [ ] OTHER ~~Injection~~ SWD

2. Name of Operator: Tahoe Energy, Inc.

8. Well No. 2

3. Address of Operator: 3909 West Industrial Avenue, Midland, Texas 79703

9. Pool name or Wildcat: Triple "X" Delaware

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line
Section 7 Township 24-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3563 GL

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: Pull packer and test 2-3/8" tbg.	[X]			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.) MIRU well service unit.

2.) Pull Guiberson Uni-I Packer (2-3/8" X 4-1/2") and check 2-3/8" plastic coated tubing for leak.

3.) Run tbg. and new packer in hole. Circulate tubing-casing annlus with inhibited fresh water.

4.) Take pressure tests on injection through tubing and check annlus for any pressure build up.

5.) Return to injection.

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

SIGNATURE K. A. Freeman TITLE President DATE 12-17-90

TYPE OR PRINT NAME Kenneth A. Freeman TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE DEC 20 1990

CONDITIONS OF APPROVAL, IF ANY: