

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 20217
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil / Gas Lease No.	
7. Lease Name or Unit Agreement Name	L. VAN ETTEN
8. Well No.	11
9. Pool Name or Wildcat	EUMONT YATES, SEVEN RIVERS QUEEN (PRO GAS)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3544' GR

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 _____ : _____ 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line
 Section 9 Township 20S Range 37E NMPM LEA COUNTY

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATION <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: REC TO EUMONT <input checked="" type="checkbox"/>	

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.
 SEE ATTACHED.

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

SIGNATURE *Greg Maes* TITLE Engineering Assistant DATE 6/18/97

TYPE OR PRINT NAME V. Greg Maes Telephone No. 397-0431

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
 APPROVED BY _____ DISTRICT I SUPERVISOR TITLE _____ DATE AUG 18 1997
 CONDITIONS OF APPROVAL, IF ANY:

JC