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
Energy, Minerals and Natural Resources Department

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

Santa Fe File	
BLM Land Office	
B of M Operator	

Form C-103
Revised 1-1-89

WELL API NO.

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

6. State Oil & Gas Lease No. 05229

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.)

RECEIVED
JUN 21 '89
O. C. D.
ARTESIA, OFFICE

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Texaco Producing Inc.

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

4. Well Location
Unit Letter F : 2310 Feet From The North Line and 1980 Feet From The West Line
Section 16 Township 23S Range 30E NMPM Lea County

7. Lease Name or Unit Agreement Name: Forty Niner Ridge Unit

8. Well No. 3

9. Pool name or Wildcat: Forty Niner Ridge Delaware

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3124' GR

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 [X]	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. MIRUPU. Tagged PBTD @ 6178' TOH.
2. Perforated 5 1/2" csg. @ 5908'-13' w/2 JSPF (6 int; 12 holes).
3. Acidized w/1000 g. 15% NEFE and 24 ball sealers.
4. Ran Production equipment. RDPU

Potentialed @ 44 BOPD, 144 BWPD, and 49 MCFPD.

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

SIGNATURE J.A. Head TITLE Area Superintendent DATE 6-15-89

TYPE OR PRINT NAME J.A. Head TELEPHONE NO. 397-3571

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JUN 23 1989

CONDITIONS OF APPROVAL, IF ANY: