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

Form C-103
Revised 1-1-89

CISF OP

JUN - 5 1992
O. C. D.
ARTESIA, OFFICE

WELL API NO.
30-015-21497

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

6. State Oil & Gas Lease No.
K-5017

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
Todd 2 State

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

2. Name of Operator
Texaco Exploration and Production Inc.

8. Well No.
1

3. Address of Operator
P. O. Box 730 Hobbs, NM 88240

9. Pool name or Wildcat
Ingle Wells Delaware

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line
County

Section 2 Township 24S Range 31E NMPM Eddy

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3475'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: Complete Brushy Canyon	[X]		

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) Set cmt ret @ 7112', sqz perfs (7210'-7217') w/150 sx class H cmt
2) Drill out CIBP @ 8055', perf 7 5/8' csg 2JSPI w/41-0.5" holes 8208'-8228'
3) Set pkr @ 8125', acidize perfs w/2000 gal 15% NEFE
4) Frac w/46,000# 20/40 sand in 25,000 gal 30# borate X-linked 2% KCL gel
5) Place well on production

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

SIGNATURE LW Johnson TITLE Engr Asst DATE 06-02-92

TYPE OR PRINT NAME LW Johnson TELEPHONE NO. 397-0426

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JUN 8 1992

CONDITIONS OF APPROVAL, IF ANY: