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

WELL API NO.

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

6. State Oil & Gas Lease No.
OG-1516

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
New Mexico "DM" State NCT-2

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

2. Name of Operator
Texaco Inc.

8. Well No.
1

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

9. Pool name or Wildcat
Lazy J Penn

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 330 Feet From The West Line

Section 21 Township 13S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4264' 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	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: Convert to SWD (Order No. R-9076)	[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.

NOTIFY NMOCD (HOBBS) 24 HOURS BEFORE BEGINNING WORK

1) MIRU PU. Instl BOP. DO CIBP @ 9680'. C/O to PBTD 9803'. TOH.
2) TIH w/5-1/2" pkr on 2-7/8" WS. PSA ±9600'. Ld and press test backside to 500 psi for 15 mins.
3) A/perfs 9734-40' w/1500 gals 20% NEFE. TOH.
4) TIH w/5-1/2" IPC packer on 2-3/8" 4.7# J-55 IPC tbg. PSA ±9700'. Ld ann w/pkr fld. Test backside to 500 psi for 30 mins.
5) Place well on injection. Perfs @ 9734-40'.

Order No. R-9076

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 Manager DATE 01/17/90

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505)393-7191

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 26 1990

CONDITIONS OF APPROVAL, IF ANY: