SUDDENT 3 COPIES to Appropriate District Office

Energin Minerals and Natural Resources Department

Form C-103 **Revised 1-1-89**

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM \$2210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL	CONS	ERV	ATION	DIVISION

r.O. DOX 2088				
Santa	Fe,	New	Mexico	87504-2088

5.	Indicate Type of Lease STATE X	FEE
	30-025-30502	
WE	LL API NO.	

6. State Oil & Gas Lease No. B - 7897

	<u> </u>					
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A					
1. Type of Well: OIL	State "P"					
2. Name of Operator Texaco Producing Inc.	8. Well No. 14					
PO Box 728, Hobbs, New Mexico 882						
Unit Letter : 1830 Feet From The North	Line and 1980 Feet From The West Line					
///////// 10. Elevation (Show whether)						
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 CHANGE PLANS	REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT					
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB					
OTHER:	OTHER: Drilling X					
12. Describe Proposed or Completed Operations (Clearly state all pertinent details and	d give pertinent dates including entirected date of security					

Spud 17 1/2" hole at 2:45 PM, 1/6/89. Ran ll jts. (442'), 13 3/8", 48#, H-40, STC, set at 456'. Ran 107 jts. 8 5/8", 32#, S-80 & K-55, LTC, set at 4400'.

- Ran 280 jts. of 5 1/2", 15.5# & 17#, J-55 & L-80 LTC casing, 1. set at 11,300'.
- Cement first stage with 500 sx. HLW, 12.7 ppg & tail in with 250 sx. Class "H", 15.4 ppg. Open DV tool at 7997'. Circ. & WOC.
- Cement second stage with 750 sx. HLW, 12.7 ppg. Closed DV tool. ND BOP's, set slips, CO casing, and install wellhead.
- Release Basin Rig #14 at 11:00 PM, 2/8/89.

	Paul Kautz Geologist			EB 16 19	RA
(This space for State Use)	Orig. Signed by Paul Kautz			_	-
TYPE OR FRONT NAME			TELEPHONE NO.		_
SIGNATURE JAK	tear	Hobbs Area	Superintendent	2/13/89	_
	we is true and complete to the best of my know				

TITLE .

CONDITIONS OF APPROVAL, IF ANY:

APTROVED BY-

work) SEE RULE 1103.

Allen Andrews

Control of the contro

FEB 15 1989

OCD MOBBS OFFICE