Submit 3 Copies to Appropriate District Office

State of New Mexico finerals and Natural Resources Department Energ

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1530, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 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.)		WELL API NO.
		30-025-20198
		5. Indicate Type of Lease STATE X FEE
		6. State Oil & Gas Lease No. B-1258-1
		7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL OTHER		New Mexico "AE" State
2. Name of Operator		8. Well No.
Texaco Exploration and Production Inc.		15
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 730 Hobbs, New Mexico 88240		Vacuum Abo Reef
Unit Letter G: 1980 Feet From The North Line and 1980 Feet From The East Line		
Section 11 Township 18S Range 34E NMPM Lea County		
(/////////////////////////////////////		
4012' DF WILLIAM		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT XX	
PULL OR ALTER CASING CASING TEST AND CE		EMENT JOB
OTHER:	OTHER:	니
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.		
 MIRU Starting date 5-1-91 TOH w/parted rods and csg from 234'. Ran caliper log, showed csg parted @ 3151'. TIH w/bit, conditioned hole to 3183'. Displaced w/brine gel mud. TOH, laying down bit and workstring. TIH w/mill to 3160', washed to 3302', cut to 3263'. Laid down all tools, TIH w/2 7/8" tbg to 3268', pumped 1200 sxs Class C cmt to surf, set surf plug. Cut off wellhead, installed dry hole marker, cleaned location. Completion date 6-20-91. 		
I hereby certify that the information above is true and complete to the best of my knowledge and SIGNATURE TYPE OR PRINT NAME Richard DeSoto		ssistant date <u>8-5-91</u> TELEPHONE NO. 393-7191
(This space for State Use)	0.5	OF ANALYOR
		DATE