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.
30-025-24316

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

6. State Oil & Gas Lease No.
B-1189-1

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
VACUUM GRAYBURG SAN ANDRES UNIT

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

2. Name of Operator
Texaco Exploration and Production Inc.

8. Well No.
17

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

9. Pool name or Wildcat
VACUUM GRAYBURG SAN ANDRES

4. Well Location
Unit Letter I : 1400 Feet From The SOUTH Line and 10 Feet From The EAST Line
County

Section 2 Township 18-S Range 34-E NMPM LEA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4008' 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	[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.

11/20/92 - 11-23-92

1. MIRU. TOH W/ INJ EQUIP. C/O TO TO 4777'. SPTD 500 GALS 20% HCL NEFE @ 4750'.
2. ACIDIZED FORMATION W/ 5500 GALS 20% HCL NEFE, 3000# RS & 98 BS. MAX P = 1900#, AIR = 3.5 BPM. SWABBED LOAD BACK.
3. SET PKR @ 4346', CIRCD PKR FLUID, TESTED CSG TO 500# FOR 30 MIN, OK.
4. RETURNED WELL TO INJECTION.

AFTER 11/25/92 688 BWPD @ 1400 PSI

(ORIGINAL CHART ATTACHED, COPY OF CHART ON BACK)

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

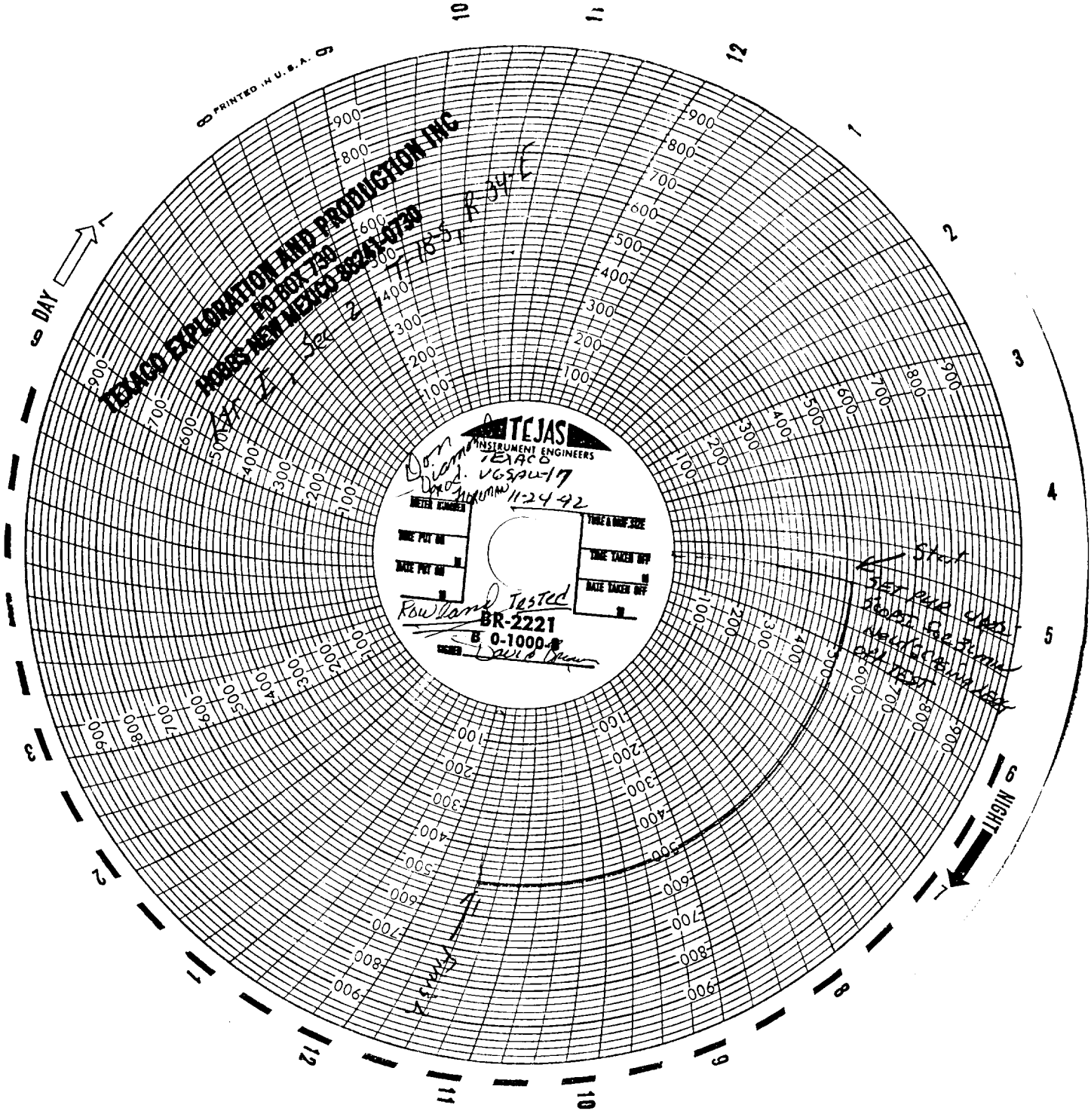
SIGNATURE Monte C. Duncan TITLE ENGINEER'S ASSISTANT DATE 1-6-93

TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-7191

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

APPROVED BY _____ TITLE _____ DATE JAN 11 1993

CONDITIONS OF APPROVAL, IF ANY:



RECEIVED

JAN 08 1993

OCD HOBBS OFFICE