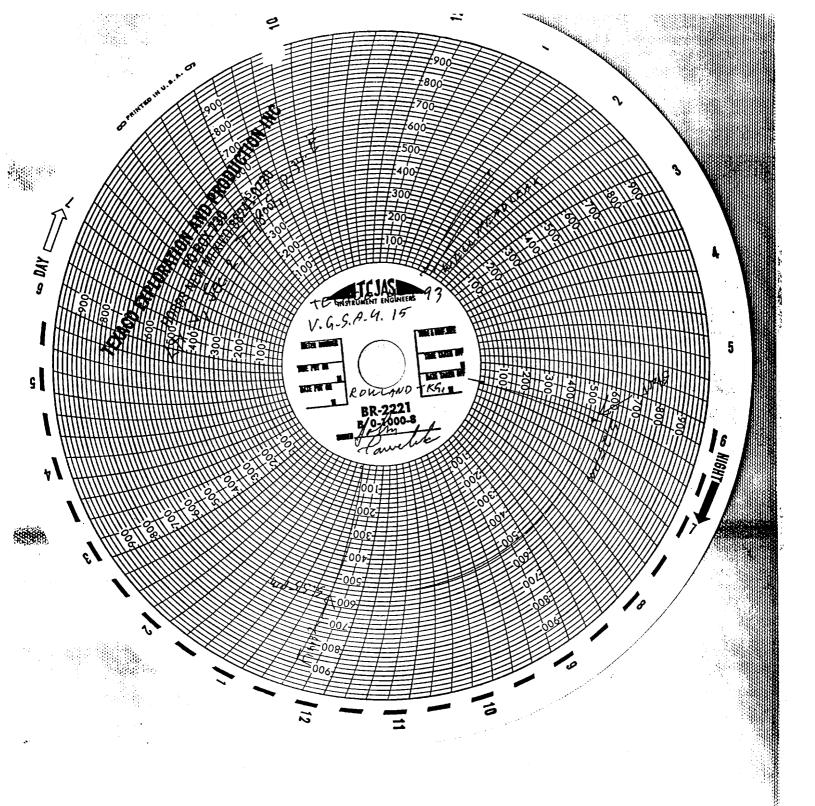
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	88 30-025-24328 5. Indicate Type of Lease STATE 6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPER DIFFERENT RESERVOIR. USE "APPLICATION FOR PE (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES		
OR OAS WELL OTHER INJECTK	ON WELL		
Name of Operator Texaco Exploration and Production Inc.	8. Well No. 15		
3. Address of Operator P. O. Box 730 Hobbs, NM 88240	9. Pool name or Wildcat		
	Line and 2450 Feet From The EAST Line County Line NMPM LEA		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4009' GR			
11. Check Appropriate Box to Indicate 1 NOTICE OF INTENTION TO:	Nature of Notice, Report, or Other Data 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: REPAIRED CSG LEAK, ACIDIZED FORMATION X		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an work) SEE RULE 1103. 3/26/93 - 4/7/93 1. MIRU, TOH W/ INJ EQUIP. SET RBP @ 4230', FOUND LEARLY DUMPED 15' SAND ON RBP, SET CMT RET @ 2610, SQZD 3. TAGD CMT @ 2600', D/O RET & CMT TO 2750', TSTD CS 4. TOH W/ RBP, C/O TO 4761', TIH W/ PKR & WS TO 476 5. ACIDIZED FORMATION W/ 6000 GALS 20% HCL NEFE. MA 6. TIH W/ INJ PKR & TBG, TSTD CSG TO 520# ON CHART FOR THE TORSION OF TAILURNED WELL TO INJECTION. (ORIGINAL CHART ATTACHED, COPY ON BACK) OPT 4/14/93 1200 BWPD @ 1400 PSI	AK FR 2672'-2738'. LEAK W/ 200 SXS CLASS C CMT. WOC. G TO 500#, OK. 1', SPTD 150 GALS 20% NEFE HCL, SET PKR @ 4113'. XX P = 2247#, AIR = 3.8 BPM. SWABBED BACK. OR 30 MIN, HELD OK.		
I hereby certify that the information above is true and complete to the best of my knowledge and the			
SIONATURE TONY CENTER TITL	ENGINEER'S ASSISTANT DATE 5-26-93		
TYPE OR PRINT NAME MONTE C. DUNCAN TELEPHONE NO. 393-71			
(This space for State Use) ORIGINAL SIGNED BY JEARY SEXTON APPROVED BY			
CONDITIONS OF APPROVAL, IF ANY:			



RECEIVED

OCD HOBBS OFFICE