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 Office	-	Novaba 1-1-07	
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  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.)  1. Type of Well:		WELL API NO.	
		30-025-30843	
		5. Indicate Type of Lease STATE FEE	
		6. State Oil & Gas Lease No. 857948	
		7. Lease Name or Unit Agreement Name VACUUM GRAYBURG SAN ANDRES UNIT	
OR GAS WELL OTHER			
2. Name of Operator TEXACO PRODUCING INC.		8. Well No. 142	
3. Address of Operator P. O. Box 3109 Midland, Texas 79702		9. Pool same or Wildcat	
P. O. Box 3109 Midland, Texas 79702		VACUUM GRAYBURG SAN ANDRES	
Unit Letter F : 2628 Feet From The WEST	Line and	1980 Feet From The NORTH Line	
Section 1 Township 18—SOUTH I	Range 34-EAST	NMPM LEA County	
10. Elevation (Show whether	r DF, RKB, RT, GR, etc.)	VIIIIIIIIIII	
Chools Appropriate Power Vertical			
11. Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUB		Report, or Other Data  SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING		
PULL OR ALTER CASING	CASING TEST AND CI		
OTHER:	OTHER: PRODUCTIO		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, work) SEE RULE 1103.	and give pertinent dates, inclu	ding estimated date of starting any proposed	
1. DRILL 8 3/4 HOLE TO 5000'. TD @ 8:00am 9-18-90. 2. ATLAS RAN GR-CAL-DLL-MLL & GR-CNL-ZDL FROM 499 3. RAN 123 JTS OF 7, 26#, J-55, LT&C CASING SET @ 500 4. HALLIBURTON CEMENTED w/ 700 SACKS OF 35/65 POZ F/B 250 SACKS CLASS H @ 15.6ppg. PLUG DOWN @ 5:30pp 5. INSTALL WELLHEAD & TEST TO 2150#. 6. RELEASE RIG @ 2:30am 9-20-90. 7. PREP TO COMPLETE.	00'. CLASS H w/ 6% GEL	. 5% SALT & 1/4# FLOCELE @ 12 8ppg	
I hereby certify that the information above is true and complete to the best of my knowledge as SIGNATURE	nd belief. TTUE DRILLING SUPERIN	NTENDENT DATE 09–20–90 TELEPHONE NO. 915–688462	
(This space for State Use)			
	mz	DATE	
CONDITIONS OF APPROVAL, IF ANY:			