State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate Revised 1-1-89 District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-31991 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 6. State Oil & Gas Lease No. B-1031 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) NEW MEXICO -AB- STATE 1. Type of Well: OEL WELL X WEII. OTHER 2. Name of Operator 8. Well No. TEXACO EXPLORATION AND PRODUCTION INC. 10 3. Address of Operator 9. Pool name or Wildcat P. O. Box 3109 Midland, Texas 79702 VACUUM DRINKARD Weli Location Unit Letter \_\_\_\_\_\_ 2310 Feet From The SOUTH 2110 Feet From The EAST \_ Line and \_ Line Township 18-SOUTH Range 35-EAST NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR-3975', KB-3989' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: 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: COMPLETION X 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. 1. MIRU SERVICE UNIT. POOL RIGGED DOWN 5 HRS. FOR RIG REPAIR. LEA FISHING TOOL FINISHED DRILLING OUT CEMENT TO PBTD @ 8155'. TESTED CASING TO 3000# FOR 30 MINUTES 12-13-93. 2. UNION RAN GR-CCL. PERFED WITH 2 JSPF: 7757-7766, 7772, 7778, 7793-7797, 7800-7814, 7817, 7820-7828, 7832-7836, 7850-7873, 7878-7888, 7894-7903, 7908. 170 HOLES. 3. DOWELL ACIDIZED WITH 25000 GAL 20% HCL. 12-14-93. 4. TIH W/ 2 7/8 TUBING, RODS AND PUMP. 5. PUMPED 259 BO, 44 BW, 184 MCF IN 24 HRS. 01-01-94. 6. TESTING.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SKONATURE C. F. Basham / Stoth  TITLE DRILLING OPERATIONS MANAGER  DATE 01-05-94				
TYPE OR PRINT NAME C.P	. BASHAM		TELEPHONE NO.	915-6884620
(This space for State Use)	ORIGINAL SIGNED BY JULY 12 JULY TON DISTRICT I SUPERVISOR		J28 1 F	ij,

- TITLE -

- DATE -

CONDITIONS OF APPROVAL, IP ANY:

APTROVED BY-