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. 3002520946

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

6. State Oil & Gas Lease No. B-155

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: New Mexico "O" State (NCT-1)

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

2. Name of Operator: Texaco Producing Inc.

8. Well No. 24

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

9. Pool name or Wildcat: Vacuum Glorieta,Wolfcamp,Abo No.

4. Well Location
Unit Letter P : 860 Feet From The South Line and 660 Feet From The East Line
Section 36 Township 17-S Range 34-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3994' (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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: TRO three (3) well bores [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.

01/24/90 - 01/26/90

1) MIRU PU. TOH laying dn rods & pmp. Installed BOP.
2) RU Rotary. X string (Abo North) Ran 2.75 gauge ring to 6291'.
Y string (Wolfcamp) String of 1" Kobe tbg.
Z string (Glorieta) Ran 2.75 gauge ring to 5190'. Set CIBP @ 5150'. Capped w/30' cmt.
3) TOH w/2-1/16" tbg. RD PU.

Status - TR-O.

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

SIGNATURE J. A. Head TITLE Area Manager DATE 02/21/90

TYPE OR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191

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

APPROVED BY _____ TITLE _____ DATE FEB 27 1990

CONDITIONS OF APPROVAL, IF ANY: