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. 3002526793

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

6. State Oil & Gas Lease No. E-7586

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: Central Vacuum Unit

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

2. Name of Operator: Texaco Producing Inc.

8. Well No. 149

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 H : 1330 Feet From The North Line and 50 Feet From The East Line
Section 30 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3983' GR

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 [XX]
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.

12-13-90 thru 12-18-90

1) MIRU PU. Installed BOP. TOH w/pkr laying dn inj tbg.
2) Set CIBP @ 4505'. Capped w/35' cmt. Left bailer IH.
3) Located csg leak @ top of WH.
4) Ld hle w/salt gel mud. Spt 25 sx plug 3110-2740'.
5) Spt 25 sx plug fr 1710-1340'.
6) Spt surf plug 420' to surf.
7) Cut off WH. Instld marker. Cln locn.

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

SIGNATURE Richard DeSoto TITLE Engineering Technician DATE 01/21/91

TYPE OR PRINT NAME R. B. DeSoto TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY Richard Smith TITLE [illegible] DATE [illegible]

CONDITIONS OF APPROVAL, IF ANY:

BRN

E