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O CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-70

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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.)		
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
Name of Operator TEXACO Inc.		8. Farm or Lease Name Wm Weir
Address of Operator P. O. Box 728, Hobbs, New Mexico 88240		9. Well No. 3
Location of Well UNIT LETTER D 661 FEET FROM THE West LINE AND 663 FEET FROM North 25 19-S 36-E THE LINE, SECTION TOWNSHIP RANGE NMPM.		10. Field and Pool, or Wildcat Eunice-Monument Grayburg-San Andres
11. Elevation (Show whether DF, RT, GR, etc.) 3668' (DF)		12. County Lea

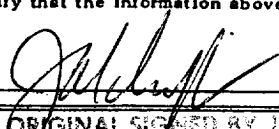
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
ILL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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. RIGGED UP. PULL PUMP AND RODS. INSTALL BOP. PULL TUBING.
2. CLEAN OUT TO 3980' (TD).
3. SET PKR @ 3750'. FRAC OPEN-HOLE 3835'-3980' W/27,000 GALS MY-T-GEL, 40,800# 20/40 SAND, AND 1000# 12/20 SAND. FLUSH W/40 BBLS GEL WATER. CLEAN OUT.
4. INSTALL PUMPING EQUIPMENT. TEST AND PLACE ON PRODUCTION.

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

ED 	TITLE ASST DIST MGR	DATE 7-5-84
ORIGINAL SIGNED BY JERRY SEXTON		
DISTRICT 1 SUPERVISOR		
MOVED BY	TITLE	DATE
DITIONS OF APPROVAL, IF ANY:		

JUL - 6 1984