Submit 3 Copies to Appropriate District Office

State of New Mexico Energ; inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

	Box 2088	WELL API NO. 30-025-05666
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		STATE FEE X
		6. 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.)		7. Lease Name or Unit Agreement Name
1. Type of Well:		H.T. Mattern
OEL X GAS WELL OTHER		
2 Name of Operator Texaco Exploration and Productio	n Inc.	8. Well No.
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 730 Hobbs, New Mexico 88240 Eunice Monument Grayburg-S. 4. Well Location		Eunice Monument Grayburg-SA
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line		
Section 20 Township 19-S Range 37-E NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3644 GL		
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. PŁUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND C	
OTHER:		red Casing Leak X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details and give pertinent dates including and give pertinent dates including		
4/20/92 - 4/29/92		
1. MIRU. Located csg leak from 1341'-1957'.		
2. Spt 135 sxs cmt from 1960' to 1216'. WOC.		
3. D/O cmt from 1368' to 1967', fell out.		
 Tested csg to 500# for 30 mins, OK. (Original chart given to Joe Shirley of Amerada Hess who witnessed the test) 		
5. Returned well to production.		
COPY OF CHART ON BACK		
Returned .	well to ameraka as	"no monument G/SA at, Blk is #14
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	mue Engineer's As	ssistant DATE 5-4-92
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
APPROVED BY Paul Kauts	mle	MAY 0 6 '92

