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. 30-025-06050

5. Indicate Type of Lease 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: L. Van Etten

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

2. Name of Operator: Texaco Producing Inc.

8. Well No. 10

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

9. Pool name or Wildcat: Eumont Yates 7 Rv Qn

4. Well Location
Unit Letter O : 990 Feet From The South Line and 1650 Feet From The East Line
Section 9 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3553 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	[XX]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
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.

1. MIRU. Pld rods & pmp.
2. Set pkr @ 3303. Load backside & tstd to 500#. OK.
3. Acidized w/ 3000 gal 15% NEFE. Max Press. = 1450#.
4. Frac OH (3400-3565) w/ 23950 gal 40# linear gel, 23950 gal CO2 and 170,800# 12/20 sand. Max Press = 4426#. AVIR = 30 BPM.
5. Flowed well back for 13 hrs.
6. Kld well. Pld pkr. Cleaned out 3548'. Ran tbg, rods, pmp. Turned down sales line. OPT 8-15-90 0 BOPD, 39BWPD, 974 MCFD.

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

SIGNATURE L. D. Ridenour TITLE Engineer's Assistant DATE 8-28-90

TYPE OR PRINT NAME L. D. Ridenour TELEPHONE NO. 393-7191

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: