Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 8824U

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

P.O. Box 2088

30-025-31727

WELL API NO.

5. Indicate Type of	Loase STATE	FEE D
	SINIE	FEE L

(DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) L. VAN ETTEN 1. Type of Well: GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. Texaco Exploration and Production Inc. 13 3. Address of Operator 9. Pool name or Wildcat P. O. Box 730 Hobbs, NM 88240 CASS PENN 4. Well Location _ : ___1653 Feet From The __ Unit Letter K SOUTH 2307 Feet From The _ WEST Line and _ Line County Township 20-S Range 37-E **NMPM** LEA 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3541' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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: ADDED PAY AND ACIDIZED FORMATION 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.

4/19/93 - 4-22-93

- 1. MIRU. TOH W/ PROD EQUIP. RAN STRIP LOG FR 7845'-7700'.
- 2. PERFD ADDL CASS PENN W/ 2 JSPF FR 7788'-7795', 7808', 7812', 7815'-7822', 7827', & 7832'. (20 INT; 40 HLES)
- 3. ACIDIZED ALL CASS PENN PERFS W/ 5000 GALS 20% GELLED NEFE. MAX P = 2043#. AIR = 5.4 BPM.
- 4. RETURNED WELL TO PRODUCTION. OPT 5-5-93 2 BOPD, 21 BWPD, 0 MCFD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SKONATURE Thomas Care	TITLE ENGINEER'S ASSISTANT	DATE 5-26-93	
TYPE OR PRINT NAME MONTE C. DUNCAN		TELEPHONE NO. 393-7191	
(This space for State Use) ORIGINAL CONNET OF USERS ON CONTROL OF STATEON ORIGINAL CONNET OF USERS OF STATEON		JUN - 1 1993	
APTROVED BY	m.e	DATE	
CONDITIONS OF APPROVAL, IP ANY:			