Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	Revised 1-1-8
OIL CONSERVATION DIVISION	ON WELL API NO.
P.O. Box 1980, Hobbs, NM 88240	THE TABLE MATERIAL
DISTRICT II	30 025 33349
P.O. Box Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE . FEE .
DISTRICT III	
1000 Rio Brazos Rd., Aztec, NM 87410	6. Sta e 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMI (FORM C-101) FOR SUCH PROPOSALS.	7. Lease Name or Unit Agreement Name L. VAN ETTEN
1. Type of Well: OIL GAS WELL OTHER	
Name of Operator TEXACO EXPLORATION & PRODUCTION INC.	8. Wel No. 18
3. Address of Operator P.O. Box 46510, Denver Colorado 80201-6510	9. Poo Name or Wildcat MONUMENT PADDOCK
4. Well Location	
Unit Letter J : 1650 Feet From The SOUTH Line and 2310	Feet From The EAST Line
Section 9 Township 20-S Range 37-E	NMPM LEA COUNTY
10. Elevation (Show whether DF, RKB, RT,GR, etc.) 354	0.
11. Check Appropriate Box to Indicate Nature of Notice, Ro	eport, 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 DRILLIF	NG OPERATION PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB
OTHER: OTHER:	COMPLETION
 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give p any proposed work) SEE RULE 1103. RU HLS. RUN GR-CBL-CCL F/5342'-3000'. PERF INTERVAL F/5208'-5228' W/ 2JSPF. T PERFS. SET PKR @ 5146'. ACIDIZED WITH 3000 GAL 15% NEFE ACID WITH 60 BALI REL PKR. TOH. TIH W/ TBG. 05-03-96. 	TH W/ PKR. AND SPOT ACID ACROSS
 TIH W/ PUMP/ RODS. TIE IINTO FLOWLINE. PLACE ON TEST @ 12:30 P.M. ON 05-03- OPT: 200 BO, 1 BW, 14 MCF, FL 176 JTS IN 24 HOURS. 05-08-96. 	96.

	nue and complete to the best of my knowledge and belief SK TITLE Eng. Assistant.	DATE	5/20/96
TYPE OR PRINT NAME	Sheilla D. Reed-High	Telephone No	(303)621-4851
(This space for State Use) APPROVED Provided P	r. Signed by	n y v.w	1996

CONDITIONS OF APPROVAL, GANGET _____TITLE____