Submit 3 Copies	State of New 1		<u> </u>
to Appropriate District Office	Energy, erals and Natural	Resources Department	Form C-103 Revised 1-1-89
DISTRIC1 I	OIL CONSERVATI	ON DIVISION	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexic		30-025-29493
DISTRICT III			5. Indicate Type of Lease  STATE  FEE XX
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
CUNDDY NOT	050 4110 0500000		
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			
DILFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		7. Lease Name or Unit Agreement Name	
(FORM C-	101) FOR SUCH PROPOSALS.)		
OIL GAS		•	L.R. Kershaw
2. Name of Operator	OTHER		
Texaco Exploration and	d Production Inc		8. Well No.
3. Address of Operator	rioddecion inc.		12
P.O. Box 730 Hobbs, N	New Mexico 88240		9. Pool name or Wildcat
4. Well Location			Skaggs Drinkard
Unit Letter C: 660 Feet From The North Line and 1650 Feet From The West Line			
	<del></del>	1200 and	O Feet From The West Line
Section 13 Township 20-S Range 37-E NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
11. Check Appropriate Poy to Indiana National Na			
NOTICE OF INTENTION TO			
NOTICE OF INTE	ENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PILIC AND ARANDON STATEMENT STATEMENT OF THE PERFORM REMEDIAL WORK			
TEMPORARII Y ARANDON			
PULL OR ALTER CASING CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
FULL OR ALTER CASING		CASING TEST AND CEN	MENT 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  MIDU TOY			
1. MIRU. TOH w/prod equip. Starting date 01 24 00			
2. III W/DIC & CSU SCIADDER to 6085/ Mou/Lil a			
The Will alie DNI & SET II bolls' togt age to cool on			
Jane demotrative w von half Anland			
5. TOH w/pkr, TIH w/prod equip. Scale squeezed w/110 gals scale inhibitor in 13 bbls PW, overflushed w/260 bbls PW w/5 gals			
6. Returned well to production. Completion date 01-31-92			
Prior Test 8 BOPD, 43 BWPD, 87 MCF			
Alter Test 12 BOPD, 185 BWPD, 102 MCF			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SKONATURE 11. C Annua DATE 2-19-92			
TYPE OR PRINT NAME M.C. Duncan			

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

**ТЕГЕРНОМЕ NO.** 393-7191