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. 3002529866

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: C. H. Weir "A"

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

2. Name of Operator: Texaco Producing Inc.

8. Well No. 19

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

9. Pool name or Wildcat: Skaggs Drinkard

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1651 Feet From The West Line
Section 12 Township 20S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3580' KB

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 [X]	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. TOH w/tbg, rods & pmp.
2) TIH w/bit & bailer. Tag'd fill @ 6977'. C/O to 6990'. TOH w/all equip.
3) TIH w/tbg. Tested to 5,000 psi. PSA 6534'. P/2000 gals 15% acid into perfs 6611-6930'. Flushed w/25 BFW. SI 1 hr. P/100 BFW w/165 gals SP-307M and fl w/200 BFW w/5 gals RP-3336. TOH w/tbg & pkr.
4) TIH w/prod equip.
5) RD. Left pmpg. OPT 01/16/91, P/40 BO, 50 BW, 206 MCFD.

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

SIGNATURE M C Duncan TITLE Engineer's Assistant DATE 03/18/91

TYPE OR PRINT NAME M. C. Duncan TELEPHONE NO. 393-7191

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

APPROVED BY _____ TITLE _____ DATE MAR 21 1991

CONDITIONS OF APPROVAL, IF ANY: