Submit 3 Copies to Appropriate	Energy, M	als and Natural R	exico esources Department	Form C-103 Revised 1-1-89
District Office	OIL CO	NSERVATIO	N DIVISION	
P.O. Box 1980, Hoods, NM 88240 P.O. Box 2088				WELL API NO. (2) 30-025-06691
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil ,& Gas Lease No.
SUNDRY NO	TICES AND RI	EPORTS ON WE	15	
( DO NOT USE THIS FORM FOR PI DIFFERENT RESI (FORM	ROPOSIALS TO DI	RILL OR TO DEEPEN PPLICATION FOR PE	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: OL WELL XX WELL	]	other		D.C. Hardy
2. Name of Operator Texaco Exploration a	and Product:	ion Inc.		8. Well No.
3. Address of Operator			<u> </u>	9. Pool name or Wildcat
P.O. Box 730 Hobbs,		o 88240		Penrose Skelly -68
	(-) 20	Nouth	100	
Unit Letter :	Feet From T	he <u>worth</u>	<u>198</u> Line and <u>198</u>	30 Feet From The <u>East</u> Line
Section 20	Township	21-S Ra	nge 37-E	MPM Lea County
	10. E		DF, RKB, RT, GR, etc.)	
(/////////////////////////////////////	Ammoniato		7' GL	
11. Check NOTICE OF IN	TENTION T	$ \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{$	Nature of Notice, Re	
			SOB:	SEQUENT REPORT OF:
	PLUG AND	DABANDON XX	REMEDIAL WORK	
	CHANGE	PLANS	COMMENCE DRILLING	OPNS.
PULL OR ALTER CASING			CASING TEST AND CE	
OTHER:	· .			
12. Describe Proposed or Completed Oper	rations (Clearly state	all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting any proposed
work) SEE RULE 1103.			o commencement of	
2.	MIRUFU. Insta	all BOP.		
3.	Squeeze Graybu "C" v/ 2% Cat Sting out of r	irg open hole wit Cl2, 6.3 g/sack,	her on WS and set a h 111 sxs of cement. 14.8 ppg, 1.32 ft 35' of cement on top th salt gel mud.	(Class
4.	Perforate sque with 50 sxs by	eeze holes at 120 y pumping down th	0'.* Squeeze 5 1/2" he casing with a wip	annulus er plug.
5.	RU wireline. 5 1/2" annulu:	Perforate squee s with 100 sxs by	ze holes at 300'. y pumping down the c	Squeeze asing.
б.	Cut off wellhe	ad. Install ho	le marker. Clean lo	cation.
* Bas	sed on TOC belo	ow 1200'.		
I hereby certify that the information above is the	ue and complete to the	best of my knowledge and h	vlief	
SULCA				sistant DATE10-23-91
TYPE OR PRINT NAME M.C. Dunca	.n			TELEPTHONE NO. $393 - 7191$
(This space for State Use)				
ORIGINAL S	GNED BY JERR	A CEASUR		1210
APPROVED BY	HCT I SUPERVIS	<u> </u>	e	DATE
CONDITIONS OF APPROVAL, IF ANY:				

OCT 2 3 **1991** 0499 HOSBS OFFICE

RECEIVED