## Submit 3 Copies to Appropriate Direct Office

CONDITIONS OF AFFROVAL, IF ANY:

## 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 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			30-025-26236  5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		6. State Oil & Gas Lease No. LG-6004	
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
1. Type of Well: OIL GAS WELL X WELL	OTHER		Getty 36 State Com
2. Name of Operator Texaco Producing Inc.			8. Well No.
3. Address of Operator P.O. Box 730, Hobbs, N	M 88240		9. Pool name or Wildcat East Grama Ridge Morrow
4. Well Location			
26	010	0.47	_
Section 36	Township 21S Ray 10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)	NMPM Lea County
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	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C		CASING TEST AND CE	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 work) SEE RULE 1103.			
<ol> <li>Install casing relief system.</li> <li>Pump 200 gal 10% Acetic acid and flush to pkr at 12,000' w/2% KCl.</li> <li>Perf interval 12,780-86' w/4 JSPF (7 ft-28 holes).</li> <li>Swab/flow well. Test and evaluate.</li> <li>If necessary stimulate w/1000 gal 7-1/2% HCl acid. 1000 SCF/Bbl of N in acid and flush.</li> <li>Swab/flow well and evaluate.</li> <li>If necessary restimulate w/3600 gal 6% HF/9% HCl mud acid.</li> <li>Place on production.</li> </ol>			
I hereby certify that the information above is true and o	complete to the best of my knowledge and	belia.	
SKINATURE ta Hear	mt	Area Manag	ger 11/06/89
TYPEOR PRINT NAME J. A. Head TELEPHONE NO. (505) 393-7191			
P	g. Signed by aul Kautz Geologist		NOV 1 3 1989 NOV 1 3 1989
APTROVED BY	mn	<i>E</i>	