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. 30-025-10747

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B-158

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: N.M. 'BZ' State NCT-8

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

2. Name of Operator: Texaco Exploration and Production Inc.

8. Well No. 2

3. Address of Operator: P.O. Box 730, Hobbs, NM 88241-0730

9. Pool name or Wildcat: Langlie Mattix 7 RQ ~~GB~~

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 16 Township 23-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3330' DF

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 CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Test Csg. [X]	

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) 11-12-91. Pull inj tubing & packer.
2) Set RPB @ 3350'. Test csg to surface 300# 30 min. Held OK.
3) Retrieve bridge plug, Run IPC inj tbg & pkr. Set pkr @ 3358'.
4) Load 5 1/2 " csg w/inh. Wtr. Test to 300# 30 min. Held OK. (Chart on reverse)
5) 11-18-91. Resume inj 556 BWPD @ 900#.

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

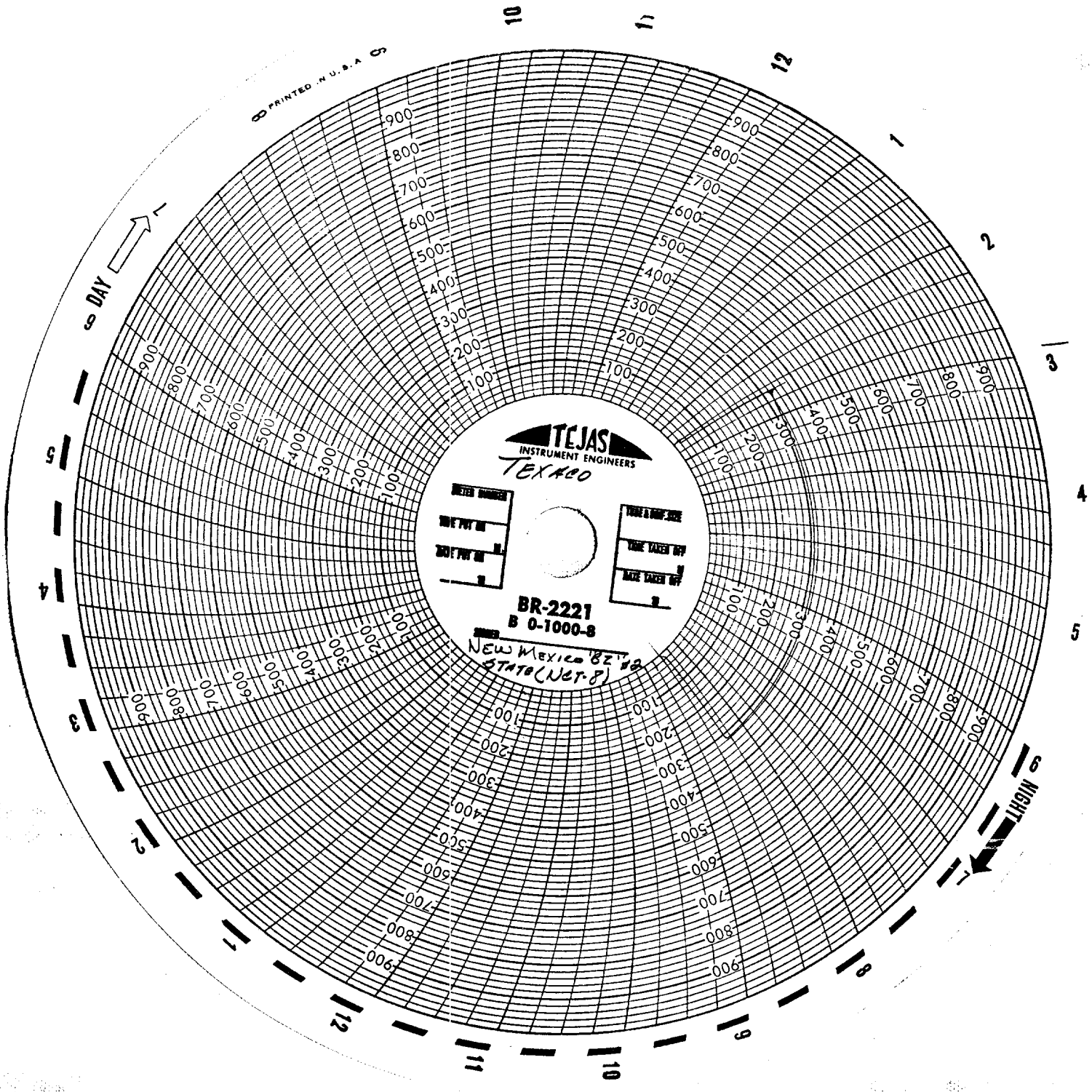
SIGNATURE L.W. Johnson TITLE Engr. Asst. DATE 12-2-91

TYPE OR PRINT NAME L.W. Johnson TELEPHONE NO. (505) 397-0426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:


TEJAS
INSTRUMENT ENGINEERS
TEXACO
BR-2221
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STATE (NET-8)
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