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. 30-025-24381

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

6. State Oil & Gas Lease No. K-2952

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: Gulf NW State 18785

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

2. Name of Operator: Tahoe Energy, Inc. 22100

8. Well No. 2

3. Address of Operator: 3909 West Industrial Avenue, Midland, Texas 79703

9. Pool name or Wildcat SWD; ~~Triple "X"~~ Delaware

4. Well Location (6)
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 6 Township 24-S Range 33-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3606' 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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Change packer and/or find 2-3/8" tubing leak [ ]		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 well service unit, drop standing valve and check 2-3/8" plastic coated tubing for leak.

2.) Replace 2-3/8" X 5-1/2" Packer, RIH and circulate inhibited packer fluid into tubing-casing annlus, set packer.

3.) Take injection test and monitor tubing-casing annlus.

4.) Return to injection.

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

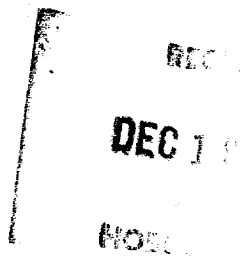
SIGNATURE [signature] TITLE President DATE 12-17-90

Kenneth A. Freeman
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:


DEC