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NO. OF COPIES RECEIVED		4					Form C-103
DISTRIBUTION	ŀ						Supersedes Old
SANTA FE	1		NEW MEXICO OIL CO	NSERVATION	COMMISSION		C-102 and C-103 Effective 1-1-65
FILE	/		REC	EIVE	7.7		1.00
U.S.G.S.				The second of	-		5a. Indicate Type of Lease
LAND OFFICE							State X Fee.
OPERATOR	j		JUN	5. State Oil & Gas Lease No.			
0+ 8							647
USE	SU	NDRY NOTICE PROPOSALS TO DE LICATION FOR PERM	S AND REPORTS		ERENT RESERVOIR.		
1. OIL GAS WELL WEL		OTHER-					7. Unit Agreement Name
2. Name of Operator		·	1				8. Farm or Lease Name
Hondo-International-Yates							State "A"
3. Address of Operator		_					9. Well No.
P. O. B	XOX	1978, Ros	swell, New Mo	xico 88	201		39
4. Location of Well							10. Field and Pool, or Wildcat
UNIT LETTER K		2310	EET FROM THE SOUT	h I INE AND	1650	ET EROM	Empire-Abo
		SECTION 35	TOWNSHIP	7-8 RANGE	28-E		
			5. Elevation (Show whet 3688 DI		etc.)		12. County Eddy
16.	Che	ck Appropriat	te Box To Indicate	Nature of N	lotice, Report	or Oth	er Data
NOTIO		F INTENTION					REPORT OF:
PERFORM REMEDIAL WORK			PLUG AND ABANDON	REMEDIAL W	ORK		ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING			CHANGE PLANS	CASING TES	T AND CEMENT JOB		
				OTHER	Recomplet	e in	Upper Abo K

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1903.

Ran CIBP and set @ 6280' WLM. Perforated Upper Abo 6243-6258' and spotted 60 gallons 15% LSTNE HCl acid 6200-6260. Treated perfs 6243-6258 w/2000 gallons 15% LSTNE HCl acid. ATP 1000#, AIR 4 BPM, MTP 1800#, FTP 500#, ISIP vacuum. Completion assembly is 2" tubing w/tension packer set @ 6176.53'. Prior to work, well produced 110 BOPD + 25% water (necessary to swab to maintain flow). After recompletion well flowed 116 BO in 12 hrs + 21 BLW on 1/2" chk, 450# FTP.

Original Signed	te to the best of my knowledge and belief.	
SIGNED O. D. Bretches	TITLE Dist. Drlg. Supervisor	DATE 6-18-69
APPROVED BY W. O. Gressett	TITLE OIL AND GAS INSPECTOR	JUN 23 1969
CONDITIONS OF APPROVAL, IF ANY:		
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