NO. OF COPIES RECEIVED							Form C-103		
DISTRIBUTION					ν.		Supersedes (כום	
SANTA FE		NEW MEX			CONHUSSION		C-102 and C Effective 1-1	- • •	
FILE				RECEI	VED		THECTIVE 1-1	-05	
U.S.G.S.						.[5a. Indicate Typ	e of Lease	
LAND OFFICE	11			APR 9	1980	1	State 🗙	F	ee 🗍
OPERATOR				•	1000		5, State Oil & G	as Lease No	
				Q. C.	D.		B- 、 I	1594-3	
(DO NOT USE THIS FO USE	SUNDRY ORM FOR PROPOS	NOTICES AND R ALS TO DRILL OR TO D FOR PERMIT -" (FORM	EPORTS ON DEEPEN OR PLUG B C-101) FOR SUC	ACK TO A DIFFI	FFICE ERENT RESERVOIR.				IIII
•							7. Unit Agreeme	nt Name	
OIL GAS WELL WEL	[]	OTHER. WATE	R INJECT	ION WEL	L		STATE	**	
. Name of Operator			/				8. Farm or Leas	e Name	
BOYD OPERAT	TING COM	APANY					STATE	Her B	
Address of Operator							9. Well No.	11	
Box 1756, Ros	well, New	Mexico 8820)]				14		
i. Location of Well			·····				10. Field and Po	ool, or Wilder	at .
UNIT LETTER N	66	. FEET FROM TH	HεS	LINE AND	<u> 980 </u> F	EET FROM	<u>Art,Qn,Gl</u>	oq, SA	
ТНЕ		14	NSHIP	RANGE _	28E	i i			
		15, Elevatior	n (Show whether	DF, RT, GR,	etc.)		12. County		
.6.	Check An	propriate Box T	o Indicato N	oturo of N	ation Deres				للاللالا
ΝΟΤΙ		ENTION TO:	o marcate K	ature of N			REPORT OF:	:	
PERFORM REMEDIAL WORK		PLUG AN Change	PLANS	CASING TEST	RILLING OPNS. AND CEMENT JQB Convert	L to Pro	PLUG	TING CASING AND ABANDONN	AENT
OTHER									

7. 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.

2/18/80 Rig up and try to swab. Could not get below 300' (paraffin).

2/19/80 Unseat packer, came out of hole. Left 186' of 1 1/2" tubing and 3 1/2" packer.

2/21/80 Rig up reverse unit. Ran 6 7/8" bit and cleaned out to liner top @ 2211'.

2/22/80 Making 2 7/8" wash pipe for 3 1/2" liner.

2/26/80 Ran wash pipe and cut rite shoe. Could not get below 2222'.

2/27/80 Ran 2 7/8" bit and 6 jts of I I/2" tubing. Could not get below 2222'.

2/28/80 Ran I jt. of I I/2" tubing could not get below 2222'.

Acidize with 1500 gal. 15% HCL. Flow well back 3 hrs. S.I.

3/25/80 - 3/31/80 Put well on pump and tested 6 days. Making 26 BOPD and 110 BWPD.

B. I hereby certify that the information above is true and comple	ete to the be TITLE	operator	DATE	4/8/80
PPROVED BY W.a. Gressett ONDITIONS OF APPROVAL, IF ANY:	TITLE	APR 10 1980 SUPERVISOR, DISTRICE I	DATE_	