NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXECEDICOSSERVATION COMMISSION	Elifective 1-1-65
FILE /-		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE	JAN 1 1 1958	State Fiee
OPERATOR 4		5. State Oil & Gas Lease No. 647
SI	UNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM F	PPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.	7. Unit Agreement Name
I. OIL GAS WELL WELL		•
2. Name of Operator		8. Farm or Lease Name
AMERICAN PETROFI	THA COMPANY OF TEXAS	Resler Yates State
3. Address of Operator		9. Well No.
Box 1311, Big S	pring, Texas 79720	10. Field and Pool, or Wildcat
4. Location of Well		
UNIT LETTER	2150 FEET FROM THE NORTH LINE AND 1800	- FEET FROM
THE <b>BOOL</b> LINE,	15. Elevation (Show whether DF, RT, GR, etc.)	NMРМ. 12. County
	3542 Gr.	Ilddy
<sup>16.</sup> Cł	heck Appropriate Box To Indicate Nature of Notice, Rep	ort or Other Data
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON PEMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
	CHANGE PLANS CASING TEST AND CEMENT J	
		and the factor of the factor o
PULL OR ALTER CASING	OTHER STAR	ulation
PULL OR ALTER CASING	OTHER 5215	
OTHER	OTHER Btimes other all pertinent details, and give pertinent date	

Command with 100 sx mest commt. Plug down at \$:30 a.m. January 3, 1966. W.O.C. 24 hrs. Tested casing for 30 mins. with 1000 psi.

1-5-68 - Perforated 4-1/2" OD 9.30 casing from 2014-26 with 2 jet shots per ft. Acidized perforations with 500 gais 15% regular acid. Fraced down 4-1/2" casing with 6000 gais slick water and 12,0000 20/40 sand. Maximum treating pressure was 1400 psi. Minimum was 1200 psi. ISIF 1300 psi. Avg. inj. rate 24.9 BPM.

18. I hereby certify that the information above is true and complet.	e to the best of my knowledge and belief.	
SIGNED	TITLE Asst. District Mgr. of Prod. DATE 1-9-68	
- the the second s	508	
APPROVED BY (I. Speciett	TITLE DATE	
CONDITIONS OF APPROVAL, IF ANY:		