UNITED STATES (May 1963) UNITED STATES (Other instructions on response of the control of the co			
			NM-0185121
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Use "Al	7. UNIT AGREEMENT NAME		
OIL GAS OT	HER Vildeat		
NAME OF OPERATOR TEXACO Inc. ADDRESS OF OPERATOR Box 810, Farmington, New Mexico 87401 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			C.A. Housk-Govt. (MCT-
			LOCATION OF WELL (Report loc See also space 17 below.) At surface
1980' from Sout	h Line and 1980' from	East Line	11. SEC. T. R., M., OR BLK. AND SURVEY OR AREA
4. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12: COUNTY OR PARISH 13. STATE
4. PERMIT NO.	5289' ar		San Juan M. Hexi
3. Che	ck Appropriate Box To Indicate N	ature of Notice, Report, or	Other Data
	F INTENTION TO:		QUENT EFFORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING ABANDON MENT
SHOOT OR ACIDIZE	ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING (Other)	
REPAIR WELL (Other)		(Norm: Report resu Completion or Recor	lts of multiple completion on Well npletion Report and Log form.)
7. DESCRIBE PROPOSED OR COMPLE proposed work. If well is nent to this work.) *	TED OPERATIONS (Clearly state all pertinent directionally drilled, give subsurface locations)	details, and give pertinent dat ions and measured and true ver	es, including estimated date of starting any tical depths for all markers and zones perti-
0 12-1 0 lpg /CD		4.	
Spudded 2/22/68	•		
Drilled 12-1/4" 170 sacks of Cl circulated. Te	hole to 293'. Cemen ass A cement with 2% sted casing with 850	calcium chloride	8" casing at 293! with added. Coment cases. Tested play.
			도 있다. 그는 사람들이 되었다. 그렇게 하고 있는 사람들이 함께
		R	ECEIVED
	RI	EIVED	MAR 7 1968
	MAR	8 1968 U. S.	GEOLOGICAL SURVEY
	The second	COM.	THE STATE OF THE S
		18T. 3	
18. I hereby certify that the for	egoing is true and correct		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGNED (1)		trict Superinter	dest DATE 3/7/68
(This space for Federal or S	State office use)		
APPROVED BY	AL. IF ANY:		DATE: