NO. OF COPIES RECEIVED			Form C+103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CONSI	EDVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	NEW MEXICO OIL CONSI	ERVATION COMMISSION	Filective 1-1-92
		•	5a. Indicate Type of Lease
U.S.G.S.	1		State X Fee
LAND OFFICE	1		5. State Oil & Gas Legse No.
OPERATOR	J		B-9380
			D=3380
SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT	RY NOTICES AND REPORTS ON PROBALS TO DRILL OR TO DEEPEN OR PLUG BY TON FOR PERMIT -" (FORM C-101) FOR SUCI	WELLS ack to a different reservoir. H PROPOSALS.)	
1.			7. Unit Agreement Name
OIL SAS WELL	OTHER-		_
2. Name of Operator			8. Farm or Lease Name
TEXACO Inc.			N.M. 'AQ' State NCT-6
3. Address of Operator			9. Well No.
P. O. Box 728, i	Hobbs, New Mexico 88240)	1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTERN	660 FEET FROM THE South	LINE AND 1980 FEET FROM	Undesignated
THE West LINE SECTI	on 25 township 10-S	RANGE 33-E NMPM.	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
()			Lea
16. Check	Appropriate Box To Indicate N	ature of Notice. Report or Oth	er Data
Check Appropriate Box To Indicate Nature of Notice, Report or Other			REPORT OF:
NOTICE OF II	112111011101	30532402111	The section of the se
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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 1103.

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER Perforate and Acidize

PLUG AND ABANDONME

TOTAL DEPTH 10,000'
PLUGBACK TOTAL DEPTH 9914'
4 1/2" O.D. 11.60# N-80 & J-55 Casing set @ 10,000'

Pull tubing and set cement retainer @ 9914'. Squeezed perforations 9926'-9938' w/50 sx. cement. Job Complete 1:00 P. M., November 29, 1969.

Perforate 4 1/2" O.D. Casing w/1-JSPF from 9834'-9844'; 9864'-9868'; 9871'-9875'; and 9880'-9885'.

Ran 2-3/8 O.D. tubing w/packer and set at 9803. Acidize perforations 9834-9885 w/6000 gal. 28% NEA in three equal stages w/15 ball sealers between stages.

18. I hereby certify that the information above is true and comple		
SIGNED DECEMBER	Assistant District TITLE Superintendent	DATE December 9, 1969
APPROVED BY ACM HAMILY	TITL SUPERVISOR DISTRICT #	DATE
CONDITIONS OF APPROVAL, IF ANY:	- DISTRICT #	