NO. OF COPIES RECEIVED]		
			Form C-103 Supersedes Old
DISTRIBUTION		HUBBS OFFICE O	. C. C-102 and C-103
SANTA FE		ERVATION COMMISSION	. U. Effective 1-1-65
FILE		ÅPR 15 11 pc A	
U.S.G.S.	4	W 65 11 51 11 11	54 Fadicate Type of Lease
LAND OFFICE	-		State Fee
OPERATOR	J		5. State Oil & Gas Lease No. OG-1195
SUNDR (DO NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG B	WELLS ACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)	
1. OIL CAS WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator	8, Farm or Lease Name		
The Atlantic	State "BF"		
3. Address of Operator	9. Well No.		
	, Roswell, New Mexico	0	
4. Location of Well UNIT LETTER A 6	10. Field and Pool, or Wildcat Chaveroo-San Andres		
	3 TOWNSHIP		******
	15. Elevation (Show whether 4386 ° D		12. County Chaves
^{16.} Check	Appropriate Box To Indicate N	ature of Notice, Report or Ot	her Data
	NTENTION TO:		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	_
OTHER		OTHER Completion	

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.

Drilled 7-7/8" hole to 4480' TD. Ran 140 jts 4-1/2" OD 8R 9.5# & 10.5# J-55 casing w/float collar & float shoe = 4470.48'. Set at 4479.99'. Cemented w/250 sx 1:1 Incor-Diamix + 5/10 of 1% friction reducer. Plug down at 7:30 P.M. 4-5-66. Top of cement at 3300' by temperature survey. WOC 43 hrs & tested 4-1/2" casing to 2000# for 30 min. OK. Perforated San Andres w/one 3/8" OD jet shot at 4187, 4297, 4314, 4328, 4330, 4337, 4341 & 4344 (8 holes). Treated w/2000 gals. 15% LSTNE acid. Staged 14 7/8" ball sealers in acid. Fraced above perfs w/1000 gals. 15% HC1, 25,000 gals. lease crude & 22,200# 20/40 sand. Ran 2-3/8" tubing to 4157.48' w/SN at 4124'. On 24 hr test ending at 7:00 A.M. 4-13-66 well flowed 381 BO + 12 BAW w/gas at rate of 313 MCFPD. 21/64" chk, FTP 240#, CP 375#. 15 min SITP 270#.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

	at here	TITLE Dist. D	rlg. Supervisor	DATE
APPROVED BY	L. IF ANY:	TITLE		DATE