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NO. OF COPIES RECEIVED		Form C 103
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE	THE MEATON OF COMMISSION	Effective 1-1-02
U.S.G.S.		5a, Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gan Lease No.
		State 89019
SU (DO NOT USE THIS FORM FO USE "APP	NDRY NOTICES AND REPORTS ON WELLS OF PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOI LICATION FOR PERMIT - FORM C-101) FOR SUCH PROPOSALS.	
l. OIL GAS GAS		7, Unit Agreement Name
WELL X	OTHER•	NONE
2. Name of Operator		8, Farm or Lease Name
TEXACO Inc.		New Mexico "AN" State
3. Address of Operator		9. Well No.
P. O. Box 728	Hobbs, New Mexico 88240	5
4. Location of Well	/	10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE South LINE AND 660	FEET FROM Saunders
THE <u>East</u> LINE, S	SECTION 22 TOWNSHIP 14-S RANGE 33-E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4198 (GR)	Lea \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Che	eck Appropriate Box To Indicate Nature of Notice, Repo	ort or Other Data
		EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQ	s
	OTHER	
OTHER		
17.5	ed Operations (Clearly state all pertinent details, and give pertinent dates	including antimated data of starting and proposed
work) SEE RULE 1103.	ed Operations (Clearly state all pertinent actails, and give pertinent dates	, including estimated date of starting any proposed
The following wo	rk has been completed on subject well.	
1. Pulled rods	and pump.	•
 Perforated 5 	1/8" OD casing W/l Jet shot per ft. 9758'-9	764', 9786'-9794', 9800'-9806',
98341=98441	9854'-9858'.	•
	ble bridge plug and packer. Set BP @ 9870' a	nd dump 2' of sand on plug.
4. Set packer @	9754*•	-
	s 9758'-9858' W/5000 gals 15% NE in 5-1000 g	als stages W/6 ball sealers
between stag	es, preceeding acid W/30 Balls.	
6. Pulled BP an		
7. Swab Well.		
	eld for Secondary Recovery February 26, 1968	•
	<u> </u>	

18. I hereby certify that the information above is true and complet	e to the best	Assistant District		•
SIGNED	TITLE	Superintendent	DATE	February 27, 1968
APPROVED BY CONDITIONS OF APPROVAL, IF ANY!	TITLE		DATE	,