Dan Gillett	TITLE	gerindendend		DATE	
Dan Gillett		sistant District cerintendent	,	DATE DOC.	2, 1966
16. I hereby certify that the information above is true	1				
3. Recover Load, Test,	and place well o	on production.			
between stages. Pul	l bridge plug, r	re-run pump equip	oment.		
500 gallons 15% NE ac 2000 gallons 28% acid	d in four 500 ga	llons stages wit	th three	nons with ball seale	rs
2. Set retrievable brid.	ge plug at 10,02	5;, and dump sar	nd on plu	ig and spot	
99731, 99831, 99851,	99941, 99971, 1	.0002:, and 10011	Lt.		
l. Pull rods & tubing.	Perforate 4 1/2	2" O. D. Casing w	with two	jet shots	at
We propose to do the following	lowing work on s	subject well:			
work) SEE RULE 1103.	· · · ·	-	-	·	
17. Describe Proposed or Completed Operations (Clean	ly state all pertinent deta	ils, and give pertinent date	es, including e	stimated date of s	starting any proposed
OTHER		OTHER			
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT J	ОВ]
PERFORM REMEDIAL WORK CT	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPNS.			ING CASING ND ABANDONMENT
NOTICE OF INTENTION I		305	- COENT	KEI OKT OP.	
Check Appropriate		ature of Notice, Rep		er Data REPORT OF:	
				Lea	
	Elevation (Show whether I		<u>-</u>	12. County	
THE Bast LINE, SECTION 11	12-S	RANGE 34-I	NMPM.]		
UNIT CETTER H 1980	T FROM THE NOTTO	LINE AND660	_ FEET FROM	Ranger Lak	e Penn. TTTTTTTT
4. Location of Well	Box 728 - Hobbs,			2 10. Field and Poo	
3. Address of Operator		Vou Nevico		9. Well No.	
2. Name of Operator TENACO	Inc.			8. Form or Lease	
OIL GAS WELL OTHER-			1	EKONE	
SUNDRY NOTICES (DO NOT USE THIS FOR MCG MCG OC) THMAS FOR NOTICING MCG MCG MCG MCG MCG MCG MCG MCG MCG MC	L OR TO DEEPEN OR PLUG BA -'' (FORM C-101) FOR SUCH	CK TO A DIFFERENT RESERVO PROPOSALS.)		7. Unit Agreement	Name
SUNDRY NOTICES	AND REPORTS ON V	WELLS	 <		
OPERATOR			1	s, State Oil & Gos State - R-1	
U.S.G.S. LAND OFFICE	•			State [ree [
FILE	1,5	DEC 2 2 38 PM	- 23'	Sa. Indicate Type	
	EW MEXICO OIL CONSE	HOBBS OFFICE O. ERVATION COMMISSION	Մ. Մ.	C-los dilos. Pimetive (-,-)	
NO. OF COPILS RECEIVED		HODDE OFFICE O		Sa,	

CONDITIONS OF APPROVAL, IF ANY: