NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION			
ANTA FE	NEW MEXICO OIL CONSE	ERVATION COMMISSION	Effective 1-1-65
ILE			Control Tune of Logge
I.S.G.S.			5a. Indicate Type of Lease State X Fee.
AND OFFICE			5. State Oil & Gas Lease No.
PERATOR			B-9380
			mmminimm.
4 TUIS	SUNDRY NOTICES AND REPORTS ON FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BASES "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCT	WELLS ACK TO A DIFFERENT RESERVOIR.	
(DO NOT USE THIS	ISE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUC	H PROPOSALS.)	7. Unit Agreement Name
01L 👊 G	AS T		
WELL A	VELL OTHER-		8. Farm or Lease Name
Mame of Operator	,		N.M. 'AQ' St. NCT-11
TEXACO Inc. Address of Operator			9. Well No.
	28, Hobbs, New Mexico 882	40	1
Location of Well			10. Field and Pool, or Wildcat
	J . 1980 FEET FROM THE Sout	h LINE AND 1980 FEET I	FROM Lazy J Penn
UNIT LETTER	reel room inc		
Rast	LINE, SECTION 3 TOWNSHIP 14	-S RANGE 33-E NI	MPM. ()
THE			
HHHHHH	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	4225'	DF	Lea
	Check Appropriate Box To Indicate N	Nature of Notice, Report or	Other Data
NC	TICE OF INTENTION TO:	SUBSEQU	ENT REPORT OF:
ERFORM REMEDIAL WORI	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
JLL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	Acidize X
		0"HER	Acidize X
OTHER			
	or Completed Operations (Clearly state all pertinent det	tails, and give pertinent dates, incl	uding estimated date of starting any proposed
work) SEE RULE 1	103.		
1.	Pulled rods and pump.		
⊥ •	•		
2.	Acidized perfs from 9849-99	951' w/ 500 gals.	Zylene and 1000 gals.
۲,	15% NEA, flushed w/ 69 BSW	•	•
3. Ran rods and pump, returned to production.			
5 ·			nort
4.	On 24 hour test, 12-23-73,	pumped 27 BNO, 35	BSW, gravity 40.9, GO
	895.		
	t the information above is true and complete to the bes	t of my knowledge and belief.	
18. I hereby certify tha	t the information above is true and complete to the see		
(Asst. Dist. Supt.	DATE 12-27-73
SIGNED	X CM Well X TITLE	nost. Dist. Supt.	DATE
/	/ National Suggest from		
()	For the State of t		
APPROVED BY	TITLE		DATE

CONDITIONS OF APPROVAL, IF ANY: