NO. CF COPIES RECEIVED	Form C-103
D STRIBUTION	Supersedes Old C-102 and C-103
NEW MEXICO AND ASERVATION OF THE OFFICE OF CONTROL OF THE OFFICE OF CONTROL OF THE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFF	C. Effective 1-1-65
U.S.G.S.	Descriptions True of Lance
LAND OFFICE JAN 20 3 13 PN	Indicate Type of Lease State X Fee.
OPERATOR	5, State Oil & Gas Lease No.
	K-3909
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS OTHER-	7. Unit Agreement Name
2. Name of Operator  Corinne Grace	8. Form or Lease Name  Ranger Lake
3. Address of Operator  c/o Oil Reports & Gas Services, Box 763, Hebbs, New Mexico	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat Wildcat San Andres
UNIT LETTER N 557 FEET FROM THE South LINE AND 1917 FEET FROM	
THE West LINE, SECTION 11 TOWNSHIP 128 RANGE 34 E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4167 KB	12. County
Check Appropriate Box To Indicate Nature of Notice, Report or Otl	ner Data
	REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OF: ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER Acid Treatment	<b>Z</b>
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1903.	estimated date of starting any proposed
Cemented 4 1/2" 9.5# J-55 casing at 5315' with 350 sacks Incor Point stage tool at 2953' with 650 sacks Incor Posmix. Plug down 18 hours, pressure tested casing with 1000# for 30 minutes, test temperature Survey 2460'.  1/27/67: Attempted to treat perfs 4833-68 with 500 gallens 15%; Reversed out acid. 1/16/67 treated perfs 4833-68 with with packer set at 4805. Pressures 1800# to 1600#, ave 1/2 bbl per minute. Flushed with 20 bbls oil.	3:30 P.M. 1/9/67. WOC O.K. Top cement by HCl acid, packer failed. 1000 gal 15% HCl acid
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNED TITLE Agent	DATE 1/20/67
ORIGINAL & THREE COPIES  SIGNED BY: ERIC F. ENGBRECHT  ENGINEER DISTRICT	DATE
CONDITIONS OF APPROVAL, IF ANY:  ENGINEER DISTRICT No. 1	