	<u>.</u>	
NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
· · · · · · · · · · · · · · · · · · ·		E-881
(DO NOT USE THIS FORM FOR F USE "APPLIC	DRY NOTICES AND REPORTS ON WELLS proposals to drill on to deepen or plug back to a different reservoir. ation for permit - " (form C-101) for such proposals.)	
1.		7. Unit Agreement Name
OIL CAS WELL	OTHER-	
2. Name of Operator	8, Farm or Lease Name	
Shenandoah (	Aztec-State	
3. Address of Operator		9. Well No.
1018 Comme	4	
4. Location of Well	10. Field and Pool, or Wildcat	
UNIT LETTER N	Maljamar Grayburg-SA	
THE <u>West</u> line, sec	_ NMPM. ()	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4201 GR	Lea
<sup>16.</sup> Check	k Appropriate Box To Indicate Nature of Notice, Report	or Other Data
		QUENT REPORT OF:
		· .
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	Sand frac Altering Casing
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		

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 1703.

- 1. Pulled 3/4" rods & 2-3/8" Tbg.
- Ran 3-1/2" N-80 frac tbg. w/Halliburton straddle packers @ 4206, 4249 & 4299. Selective treated the: three separate zones w/10,000 gals gelled salt water & 10,000 lbs. 20-40 sd as follows:
  - (a) Intervals 4234-4244: Max press. 5,000#, Min., 3500#, Avg. rate 24 bbls/min.
  - (b) Interval 4288-4294: Max press. 5500#, Min. 5400#, Avg. rate 20 bbls/min.
  - Intervals 4328-4334 &4354-4362: Max press. 4900#, Min. 4300#, Avg. rate 20 bbls/min. All three treatments were spearheaded w/ 250 gals of 15% HCl acid.
- 3. Released packers, pulled tbg, C.O. frac sd.
- 4. Ran back 2" EUE tbg. & 3/4" rods, w/2" x 1-1/2" x 12' insert pump.
- 5. After load recovered, well tested 45 BOPD & 0 BOPD (3-8-68). Prior to treatment well tested 35 BOPD and 0 BOPD.

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18. I hereby certify that the	information above i	s true and complete to	the best of m	y knowledge	and belief.

signed T. P. Bates	<u>IITLE Supervisor, Secondary Recovery</u>	3-11-68
APPROVED BY	TITLE DATE	