	-	
OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
TAFE	NEW MEXICO DIE CONSER PArior Commercial	
E		Sa. Indicate Type of Lease
<u>.G.S.</u>	4	State X Fee
ND OFFICE	-	5. State Oil & Gas Lease No.
ERATOR		State B-3011
SUNDE (DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON WELLS oposals to drill or to deepen or plug back to a different reservoir. tion for permit -" (form C-101) for such proposals.)	7. Unit Agreement Name
		None
WELL X WELL	OTHER.	8. Farm or Lease Name
Name of Operator		New Mexico "Z" State1
TEXACO Inc.		9. Well No.
Address of Operator	Hobbs, New Mexico 88240	2
P. O. Box 728	10. Field and Pool, or Wildcat	
Location of Well	1000	Vacuum
UNIT LETTER C	660 FEET FROM THE NOrth LINE AND 1980 FEET FROM	
THE West LINE, SECT	TION TOWNSHIP RANGE 34E NMPM	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
1111111111111111	15. Elevation (Show whether DI', RT, GR, etc.)	12. County
	4027 (DF)	Lea Allili
Charle	Appropriate Box To Indicate Nature of Notice, Report or Ot	ther Data
	INTENTION TO:	IT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON ABMEDIAL WORK X COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JUB	
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 1903.

The following work has been completed on subject well:

1. Kill well and pulled 2-3/8" O.D. tubing and packer.

- 2. Clean out to 4696'.
- .3. Ran RTTS tool and located casing leak. Cement leak w/75 SX cement. Tested cement. 0.K.
- 4. Set RTTS packer at 4013.
- 5. Frac open hole 4189' to 4696' w/30000 gals. gelled brine w/l# 20-40 sand per gal. in 3-10,000 gal. stages w/500# rock salt & 500 gals. gelled bring Btwn. stages.
- 6. Run rods & pump.
- 7. Recovered load & test.
- On 24 hour PT ending 4:00 P4 February 7, 1968, well pumped 8. 73 Bbls. oil and 3 Bbls. water, GOR 985, Gravity 37.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED WE PRICIGAN	TITLE Assistant	District Superinter	ndent	February 9, 1968
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	n ng sitter x	DATE	