	5		•		·
NO. OF COPIES RECEIVED	٦			2	
				Form C-103 Supersedes O)14
				C-102 and C-	
SANTA FE		MEXICO OIL CO	NSERVATION COMMISSION	Effective 1-1-	65
FILE	_{				
U.S.G.S.	4		·	5a. Indicate Type	L
LAND OFFICE	_			State X	Fee 📋
OPERATOR				5. State OII & Go State B-2	
SUND	PV NOTICES AN				mmm
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.)					
				7. Unit Agreemen	
WELL LA OTHER-				West Vacu	um Unit
2. Name of Operator				8, Farm or Lease	
TEXACO Inc.				West Vacu	um Unit
3. Address of Operator	9. Well No.				
	43	•			
4. Location of Well	· · · · · · · · · · · · · · · · · · ·	/	····	10, Field and Po	ol, or Wildcat
UNIT LETTER D 3	Vacuum	•			
9711 SECTER <u></u>		<u>IIIIIIII</u>			
THE West LINE, SECT	3]	8-S RANGE 34-E	NMPM.	
THELINE, SECT	ION	IOWNSHIP	RANGE	- NMPM. [[]]]]	1111111111
	15. Elev	ration (Show wheel	er DF, RT, GR, etc.)	12. County	XIIIIIIX
				Lea	
	Assessing De				
		x 10 Indicate	Nature of Notice, Report		•
NOTICE OF I	NTENTION TO:		SUBSEC	UENT REPORT OF:	.:
		г			·
PERFORM REMEDIAL WORK	PLI	UG AND ABANDON	REMEDIAL WORK	ALTER	ING CASING
TEMPORARILY ABANDON			COMMENCE DRILLING OPNS.		ND ABANDONMENT
PULL OR ALTER CASING	CH	ANGE PLANS	CASING TEST AND CEMENT JOB		·
			OTHER	·	iL_
OTHER		L	-J [
17. Describe Proposed or Completed C	perations (Clearly si	tate all pertinent o	letails, and give pertinent dates, ind	cluding estimated date of s	starting any proposed
work) SEE RULE 1105.		-		-	
					:•
	The follo	wing work)	nas been completed on	subject well:	•
	ING TOTTO	WING WOLK I	las been compresed on	Babjeev werre	•
	1 Danion	+	g the pump equipment,	inject a mixtur	
			neplex in 500 gallons		
			bing casing annulus,	VICAL OUD DO DI	
	total	depth of l	1100.		•
	0 E	the ence h	ole section 4234 to 1	7001 in three -	
	Z. Frac	the open no		160.000 mounds	of
			gelled brine water and		
			L, recover load, Test,	, and return wel	T TO
	produ	ction.			:
					10/7
			ntial Test ending 7:00	JA. M. March 12	, 1 7 07, '
			3BL 011 & 35 BW.		:
		. 1840			•
	GRAVI	TY - 38.2			÷.
8. I hereby certify that the information	n above is true and c	omplete to the bes	t of my knowledge and belief.		· · · · · ·
	/ .		min ma better		
IL MUL	$ \rightarrow $		Assistant District	Marc	h 14, 1967
IGNED Lycon Succe	4		20010 010 010 011C0	DATE	
Dan Gill	lett	<u></u>	Superintendent		•.
					:
IPPROVED BY		TITLE		DATE	
CONDITIONS OF APPROVAL, IF AN	v i)		4		

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