NO. OF COPIES RECEIVED			Form C-103	
DISTRIBUTION			Supersedes Old	
SANTAFE	NEW MEXICO OIL CONSERVATION	IN COMMISSION OF FIRE	C-102 and C-103 - Effective 1-1-65	
FILE			0. C. C.	
U.S.G.S.		Mar 13 / 17	5a. Indicate Type of Lease	
LAND OFFICE		1.47	'State X Fee	
OPERATOR			5. State Oil & Gas Lease No.	
			B-1030-1	
SUNDRY N (GO NOT USE THIS FORM FOR PROPOSA USE "APPLICATION F	OTICES AND REPORTS ON WELLS IS TO DRILL OR TO DEEPEN OR PLUG BACK TO A D OR PERMIT -" (FORM C-101) FOR SUCH PROPOSA	IFFERENT RESERVOIR.		
1	THER-		7. Unit Agreement Name	
Name of apperator TEXACO In	C.		8. Form or Lease Name TEXACO-Mobil-State	
3. Address of Operator P. O. Box	728, Hobbs, New Mexico 88	240	9. Well No.	
4. Location of Well	FEET FROM THEEastLINE AI		Vacuum (Abo North) Vacuum (Wolfcamp)	
	25 TOWNSHIP 17-S			
THELINE, SECTION	TOWNSHIP RAN	IGENMPN		
	15. Elevation (Show whether DF, RT, G 3998! (D. F		12. County Lea	
16. Check Appr	opriate Box To Indicate Nature of		ther Data	
NOTICE OF INTE	-	-	IT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIA	L WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENC	E DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING T	EST AND CEMENT JOB	_	
	OTHER			
OTHER				
17. Describe Proposed or Completed Operati work) SEE RULE 1103.	ons (Clearly state all pertinent details, and g	ive pertinent dates, includin	g estimated date of starting any propose	
,	K HAS BEEN COMPLETED ON SUB	JECT WELL:		
1. Pull Hyd. Pum	 Pull Hyd. Pumping E-uipment from Vacuum (Abo North) zone. Set RBP @ 9950' in 2 7/8" O. D. casing. 			
2. Set RBP @ 995				
3. Acidized Abo perforation 9093' to 9239' W/6000 gals. 28% acid in 2 equal stages using 150# Unibeads between stages.				
/27.70				
4. Pulled Hyd. Pumping Equipment from Vacuum (Wolfcamp) Zone. 5. Set RBP @ 8800' in 2 7/8" O. D. Casing.				
6. Acidized Wolfcamp perforations 9626' to 9937' W/9000 gals. 28%				
acid in 3 equ	al stages using 150# Unibea	ds after 1st and	2nd	
stages.				
7. Install Pumping equipment, test, and return to production both				
zones of subj	ect well.			
18. I hereby certify that the information above	e is frue and complete to the best of my know	ledge and belief.		
Mach		t District		
Allan V	TITLE Superint		DATE May 12, 1969	
SIGNEO	THE Supor His			
X/ , A			ास के टी हैं है	
APPROVED BY	THE SUPERVISO	R METERS 1	DATE	
CONDITIONS OF APPROVAL, IF ANY:				
CONDITIONS OF APPROVAL, OF ANY!				