N OF OPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
		5. State Oil & Gas Lease No.
OPERATOR		B-1638-1
		vinniniinink
	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
I. OIL WELL GAS WELL WELL	OTHER-	Eunice Monument Unit
2. Name of Operator		8. Farm or Lease Name
TEXACO Inc.		Eunice Monument Unit
3. Address of Operator		9. Well No.
P.O. Box 723, Hobb	os, New Mexico 88240	24
4. Location of Well	660 FEET FROM THE East LINE AND 1980 FEET FROM	10. Field and Pool, or Wildcat Eunice Monument Grayburg San Andres
UNIT LETTER,	FEEL PROM THE CIRE OND	
THE South LINE, SE	CTION 19 TOWNSHIP 20-S RANGE 37-E NMPM	
mmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12, County
	3519'(GR)	Lea
Chec	k Appropriate Box To Indicate Nature of Notice, Report or Ot	
NOTICE OF	FINTENTION TO: SUBSEQUEN	T REPORT OF:
		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
		a estimated date of starting any proposed
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
1. Pull injection	tubing and packer. Install BOP.	
	Csg W/frac sand to 36901.	
3. Set Cement retainer @ 3625'.		
4. Squeeze 4 1/2" OD Casing perforations 3670' & 3675' W/8400 gal. Injectrol followed		
by 75 sx class 'C' cement. WOC 18 hrs.		
	nt retainer and cement. Test squeeze job.	
	nt lafammen quo cament. Jast sduessa lon.	
6. Wash out sand.	PR 300 A 13	
	5% NE Acid across perforations 3711'-3866'.	
8. Acidize perforations 3711'-3866' W/4500 gal 15% NE Acid containing 9 gal. surfactant		
and 40 Ball Sealers. Flush		
9. Run injection	tbg and packer. Return well to injection.	
-		
18. I hereby certify that the informa	tion above is true and complete to the best of my knowledge and belief.	
$\bigcap A \lambda \lambda$	Asst. Dist. Supt.	DATE 2-27-76
SIGNED	TITLE MOSE, DISC, Supr.	
		19.1.2