	and the second s			
NO. OF COPIES RECEIVED	¥			
DISTRIBUTION				Form C-103 Supersedes Old
SANTA FE		ERVATION COMMISSION		C-102 and C-103
FILE	NEW MEXICO DIE CON	SERVATION COMMISSION		Effective 1-1-85
U.3.G.S.			ŗ	5a, Indicate, Type of Leane
			2	
OPERATOR			-	
				5, State Off & Gan Leane No.
			k	State B-163
SUNDRY N DO NOT USE THIS FORM FOR PROPOSA USE "APPLICATION I				
USE "APPLICATION I	TON PERMIT " (FORM C-101) FOR SUC	H PROPOSALS.)		
OIL Y GAS	OTHER.			7. Unit Agreement Name
2, Name of Operator		None		
		8, Farm or Lease Name		
TEXACO Inc.		New Mexico "A" State		
				9. Woll No.
F. O. Box 728, Hobt 4. Location of Well		5		
		10, Flold and Pool, or Wildcat		
UNIT LETTER <u>A</u> , <u>990</u>) FEET FROM THE North	LINE AND	FEET FROM	Lynch Yates Seven River
			6	
THE EAST LINE, SECTION	2 TOWNBHIP 21-	S RANGE 33-E	NMPM.	
	15. Elevation (Show whether	DF, RT, GR, etc.)	·	12, County
	<u>3875' (D. F.)</u>			Lea
^{16.} Check App	ropriate Box To Indicate N	ature of Notice, Repor	rt or Othe	r Data
NOTICE OF INTE				REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	Ē	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	H	
		OTHER		
OTHER				
-				
17. Describe Proposed or Completed Operati work) SEE RULE 1103.	ons (Clearly state all pertinent dete	nils, and give pertinent dates,	including es	timated date of starting any proposed
worky dee note inde				
We propose to do the fol	lowing work on subjec	t well:		
	- •			
1. Pull Rods, pump, and	tubing.			
	l bit. Drill out to	37841		
3. Pull tubing and bit.				
4. Drop 6 Press-Ez "A-1	Titan" acid sticks.	Dump flush with 5	0 bbls.	of fresh water
5. Run tubing, Rods, an	d pump.		Q 00209	OI IICDI NAUDI.
6. Test well and return	to production.			
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				•

18. I hereby certify that the information above is true and com	plete to the best of my knowledge and belief.	
BIGNED	Assistant District	DATE December 6, 1968
APPROVED BY The tomes	SCAR MISOR DISTRICT &	DE 0 1968
CONDITIONS OF APPROVAL, IF ANY		·