NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C–102 and C–103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.	FEB 2 11 21 AM '67	5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State OII & Gas Lease No. State - B-163
SUN {DO NOT USE THIS FORM FOR USE "APPLI	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.)	
1. OIL X GAS WELL	OTHER-	7. Unit Agreement Name NONE
2. Name of Operator	· · · · · · · · · · · · · · · · · · ·	8, Farm or Lease Name
	TEXACO Inc.	N. M. "A" State
3. Address of Operator	9. Well No. 5	
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER A	990 FEET FROM THE North LINE AND 330 FEET FROM	Lynch
THEEast LINE, SE	CTION 2 TOWNSHIP 21-S RANGE 33-E NMPM	
, , , , , , , , , , , , , , , , , , ,	12. County	
	3785' (D. F.)	Lea
i6. Chec	k Appropriate Box To Indicate Nature of Notice, Report or Ot	thet Data
		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER		
17. Describe Proposed or Completed work) SEE RULE 1 fo3.	Operations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
The	following work has been completed on subject wel	1:
1.	Pull the pump equipment, perforate 5 1/2" O. D. with 2 jet shots at 3608', 3614', 3622', 3628', 3639', 3646', 3653', 3659', 3664', 3670', 3677', 3692', 3706', 3714', 3720', 3728', and 3732'.	36331,
2.	Set packer at 3595', and acidize with 100 gallon acid, 200 pounds rock salt, follwed with two equ gallon stages of 15% NE acid, separated by 100 g gelled acid and 250 pounds rock salt. Swab well	al 1000 allons

3. On 24 Hour Potential Test ending 3:00 P. M. January 31, 1967, well Pumped 18 BBL Oil & 390 BBL Water. GOR - TSTM, GRAVITY - 30.2.

load, and Test.

	-			
18. I hereby certify that the information above is true and complete	e to the b	best of my knowledge and belief.		
SIGNED Casefullet	TITLE_	Assistant District	DATE_	February 1, 1967
APPROVED BY		Superintendent	DATE	
CONDITIONS OF APPROVAL, IF ANY				