NO. OF COPIES RECEIVED DISTRIBUTION		HOBBS OFFICE O.C.	Com C-103 Supersedes Old
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		Aug 1 3 na PM'	5a. Indicate Type of Leane
U.S.G.S.		Hug: 1 0 03 110	State X Fee
OPERATOR OPERATOR			5. State Oil & Gas Leage No.
			State - 41173
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. USZ "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
1. OIL ON WELL OTHER- Temporarily Abandoned 2. Name of Operator			7. Unit Agreement Name NONE
TEXACO Inc.			8. Form or Lease Name N. M. "A" State
3. Address of Operator	P. O. Box 728	- Hobbs, New Mexico	9. Well No.
4. Location of Well UNIT LETTER B 6	60 FEET FROM THE North	LINE AND 1980 FEET FROM	10. Field and Pool, or Wildcat Lynch
THE East LINE, SECTION	2 27 2		
THE LINE, SECTION	NTOWNSHIP	RANGE NMPM	
	15. Elevation (Show whether 3789)	DF, RT, GR, etc.) (D. F.)	12. County Lea
16. Check A	Appropriate Box To Indicate N	ature of Notice, Report or Ot	her Data
NOTICE OF IN			T REPORT OF:
PERFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ASANDON	:	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	
OTHER		OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
work) SEE RULE 1103.		and the feel personal dates, medianing	estimated date of starting any proposed
		·	
	l has been Temporarily A to do the following work		1968, and
 Drill out bridge plug, and clean out well to total depth of 3783', prepare to perforate casing. 			
2. Perforate 6 1/4" 0. D. Casing with four jet shots per foot from 3616' to 3622'.			
3. Acidize with 5000 gallons 15% NE acid, 300 gallons gelled fresh water, and 600 pounds rock salt. (Acidize in several stages) Follow last stage with 4200 gallons fresh water & shut well in at least 30 minutes.			
4. Swab we	ell, recover load, Test,	and place well on produ	action.
18. I hereby certify that the information	above is true and complete to the best o	f my knowledge and belief.	
SIGNED WE MERGERN	TITLE AS	sistant District Supt.	August 1, 1967
W.E. More	gan		· :
APPROVED BY	TITLE	· · · · · · · · · · · · · · · · · · ·	DATE
CONDITIONS OF APPROVAL IF ANY			