NO. OF COPIES RECEIVED	l	
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE		C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		
		5a, Indicate Type of Lease
OPERATOR		State Fee Fee 5. State Oil & Gas Lease No.
	J	
USE "APPLICAT	RY NOTICES AND REPORTS ON WELLS prosals to drill or to deepen of plug back to a different reservoir. 'Ion for permit -'' (form C-101) for such proposals.)	
I. OIL GAS GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name	
The Sastland Dr	Sarkeys	
3. Address of Operator	9. Well No.	
730 Petroleum 1	1	
4. Location of Well	10. Field and Pool, or Wildcat	
UNIT LETTER N	Mints (Abo)	
THE WEST LINE, SECTION	DN 23 TOWNSHIP 215 RANGE 37D NA	MPM.
	15. Elevation (Show whether DF, RT, GR, etc.) 3403 DP	12. County
^{16.} Check	Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE OF IN		ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER		
17. Describe Proposed or Completed On	erations (Clearly state all pertinent details, and give participant details, include	

7. 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.

On March 4, 1968, the tubing was pulled from the well and a none from 7294 to 7302 feet was performed with one jet shot per foot (8 holes). A packer was run on tubing and set at 7286 feet. The zone was treated with 2500 gallons regular 15 per cent HCL acid at 2200 pei. The tubing was pulled and packer removed. Then 233 joints of 2° tubing ware run and set at 7295'. A combination string of 7/8 and 3/4 rods were ran with a 1 1/4" insert pump. A pumping unit and engine were installed. Work was completed March 9, 1968.

Prior to workover, the well was producing 35 barrels of oil per day flowing by heads with no water. Currently the well is pumping 58 barrels of oil per day with no water.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNED heal	TITLE _	Superintendent	DATE	March 22, 1968		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	· · · · · · · · · · · · · · · · · · ·	DATE			