NO. OF COPIES RECEIVED			Form C-103	נו	
DISTRIBUTION			Supersedes Ol C-102 and C-1	C-102 and C-103)	
SANTA FE	NEW MEXICO OIL CONSERVAT		Effective 1-1-65		
FILE				<u> 166</u>	
U.S.G.S.		U11			
LAND OFFICE			State	Fee.	
OPERATOR			5. State Oil & Ga	_	
			NM J-528	mmm	
SUNDR	Y NOTICES AND REPORTS ON WELL SPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A SION FOR PERMIT -" (FORM C-101) FOR SUCH PROPO	_S A DIFFERENT RESERVOIR.			
USE "APPLICAT	ION FOR PERMIT -** (FORM C-101) FOR SUCH PROPO	ISALS.)	7. Unit Agreemen	t Name	
OIL GAS WELL WELL	OTHER-		-		
2. Name of Operator			8. Farm or Lease	8. Farm or Lease Name	
TEXAS PACIFIC OIL COMPANY			Boyd	Boyd	
3. Address of Operator			9. Well No.	9. Well No.	
P. O. Box 1069 Hobbs, New Mexico			4	4	
4. Location of Well			1	10. Field and Pool, or Wildcat	
UNIT LETTER	560 FEET FROM THE NOTTH	E AND FEET FR	Penrose S	kelly	
THE West LINE, SECTION	DN 23 TOWNSHIP	RANGE 37-E NMI	РМ. (
		n		4444444	
	15. Elevation (Show whether DF, RT	, GR, etc.)	12. County		
ŠIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	3333' DF		Lea		
	Appropriate Box To Indicate Nature				
NOTICE OF I	ITENTION TO:	SUBSEQUE	NT REPORT OF:		
•	PLUG AND ABANDON REME		ALTER	ING CASING	
PERFORM REMEDIAL WORK		DIAL WORK		AND ABANDONMENT	
TEMPORARILY ABANDON PULL OR ALTER CASING		IG TEST AND CEMENT JOB	F 200 A	The Abandon Michie	
POLL OR ALTER CASING	<u>-1</u>	HER			
OTHER					
17. Describe Proposed or Completed Opwork) SEE RULE 1603.	perations (Clearly state all pertinent details, and	d give pertinent dates, includ	ing estimated date of s	starting any proposed	
1. Rig up. Pull Tbg	& B.P.				
2.Run Tbg. Spot Frac	3d. to 3670' in OH.				
3. Run Pkr. set @3600). Squeeze off w/100 sks Inc	cor plus 6-10 @ 17	L Halad 9 plus	3 1% CA CL.	
Release Pkr. & Ci	c. Out.				
	_				
4. Run Frac. Tbg. &	kr.				
5. Acidize w/500 gal.	. N.E. Acid across perfs.				
_	_				
6. SOT w/15,000 gal.	oil plus 15,000# 20/40 Sd. p	lus 1/40 Adomite.			
7. Release Pkr. & Pul	1 Tbg.				
8. Swab & Test.					
9. Place Well on Pum) .				
	1				
18. I hereby certify that the information	above is true and complete to the best of my kn	nowledge and belief.			
Musica	TITLE Area Sup	erintendent	DATE 7	7-27-66	
SIGNED LECTOR	TITLEGE OU		DATE		
3					

CONDITIONS OF APPROVAL, IF ANY: