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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. <b>B-10083</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>State BT "E"</b>	
9. Well No. <b>1</b>	
10. Field and Pool, or Wildcat <b>Hightower</b>	
12. County <b>Lea</b>	

1. <div>OIL WELL <input checked="" type="checkbox"/></div> <div>GAS WELL <input type="checkbox"/></div> <div>OTHER- <input type="checkbox"/></div>	
2. Name of Operator <b>Amerada Petroleum Corporation</b>	
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	
4. Location of Well UNIT LETTER <b>N</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>23</b> TOWNSHIP <b>128</b> RANGE <b>33E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>4632' DF</b>	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

**Plan to squeeze perfs. from 10,070' to 10,080' with 100 sacks slo-set cement. Perforate casing from 9984' to 9996' with one shot per foot. Acidize with 500 gals. CRA acid. Swab back acid water. Rerun tubing, packer and Kobe production equipment. Resume productions.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u><i>H.C. Capps</i></u>	TITLE <u>District Superintendent</u>	DATE <u>June 18, 1965</u>
APPROVED BY <u><i>[Signature]</i></u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		