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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION
MAY 15 11 42 AM '67

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

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Amerada Petroleum Corporation	
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	
4. Location of Well UNIT LETTER L, 660 FEET FROM THE West LINE AND 1980 FEET FROM South 26 128 33E THE LINE, SECTION TOWNSHIP RANGE NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4249' DF	

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"/>

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 1108.

Plan to pull tubing, flow valves & packer. Run cast iron cement retainer on wire line to 8650'. Squeeze 5-1/2" casing perfs. 8660' to 8685' with 100 ex. cement. Perforate from 8510' to 8520', 8530' to 8540', 8638' to 8648' and 8624' to 8632' with one shot per foot. Acidize with 2000 gals. 15% reg. acid using ball sealers. Swab well in and resume production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>B. J. Gray</u>	TITLE <u>District Superintendent</u>	DATE <u>5-15-67</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		