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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-1469

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. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State "B"
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 6
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 18S RANGE 38E NMPM.	10. Field and Pool, or Wildcat Bowers
15. Elevation (Show whether DF, RT, GR, etc.) 3654' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input 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 Temporarily Abandon <input checked="" 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.

Closed in and temporarily abandoned effective 12-18-67.

Uneconomical to produce.

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

SIGNED *E. J. Webb* TITLE **District Superintendent** DATE **12-19-67**

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: