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NEW MEXICO OIL CONSERVATION COMMISSION

Dec 22 10 49 AM '65

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1040

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator Amerada Petroleum Corporation | 8. Farm or Lease Name State D "C" |
| 3. Address of Operator P. O. Box 668 - Hobbs, New Mexico | 9. Well No. 1 |
| 4. Location of Well UNIT LETTER F 1876.1 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 19 TOWNSHIP 21S RANGE 37E N.M.P.M. | 10. Field and Pool, or Wildcat Blinery |
| 15. Elevation. (Show whether DF, RT, GR, etc.) 3518' 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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <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 1103.

Acidized perforations from 5838' to 5901' with 1500 gals. 15% NE acid using ball sealers. Swab tested. Ran 172 jts. 1-1/4" OD tubing, packer & flow valves. Started producing by gas lift.

Well Closed In prior to workover.

**Test After Workover - 12-21-65:
24 Hrs. Flowed 12.25 BO & 12.25 BW by gas lift on 3/4" choke. Gas Vol. 208,200 CFPD
GOR 17,000**

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

SIGNED [Signature] TITLE **District Superintendent** DATE **12-21-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: