

NEW MEXICO OIL CONSERVATION COMMISSION

Aug 6 10 11 AM '65

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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 GAS WELL OTHER

2. Name of Operator
Amerada Petroleum Corporation

3. Address of Operator
P. O. Box 668 - Hobbs, New Mexico

4. Location of Well
UNIT LETTER **F** **1980** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **12** TOWNSHIP **20-S** RANGE **36-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
W. P. Byrd

9. Well No.
5

10. Field and Pool, or Wildcat
Monument

15. Elevation (Show whether DF, RT, GR, etc.)
3567' 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 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 checked="" type="checkbox"/> Change of Well Status

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.

Pulled tbg., packer & holddown. Ran sand pump & cleaned out from 3754 to 3765'. Ran 2-7/8" tbg. set bull plugged at 3750' with perfs. from 3715 to 3718' and SN at 3714'. Ran Axelson pump on 3/4" plain rods and well started pumping. Producing status changed from flowing oil well to pumping oil well.

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

SIGNED D.C. Casper TITLE **District Superintendent** DATE **8-5-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: