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# NEW MEXICO OIL CONSERVATION COMMISSION

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

Oct 15 11 25 AM '65

a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
<b>B-1431</b>	

## 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 <b>Amrad Petroleum Corporation</b>		8. Farm or Lease Name <b>State "T" Btry. 3</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>		9. Well No. <b>6</b>
4. Location of Well UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>20</b> TOWNSHIP <b>19S</b> RANGE <b>37E</b> NMPM.		10. Field and Pool, or Wildcat <b>Monument</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3683' DF</b>		12. County <b>Lea</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"/>

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 pull rods, pump and tubing. Run Gamma Ray Neutron log from surface to 4000'. Make two runs with string shot of 300 and 500 grains per foot, respectively over open hole interval from 3838' to 4000'. Run tubing packer & holddown. Acidize open hole with 1000 gals. 15% NE acid. Swab test. Rerun pumping equipment and resume production.

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

SIGNED <i>H. C. Clark</i>	TITLE <b>District Superintendent</b>	DATE <b>10-14-65</b>
APPROVED BY <i>J. C. [Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		