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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 12 5 16 AM '68

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.
R-1962

7. Unit Agreement Name

8. Farm or Lease Name
State "R"

9. Well No.
1

10. Field and Pool, or Wildcat
Monument

12. County
Lea

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 **NK**, **668** FEET FROM THE **South** LINE AND **1980** FEET FROM THE **West** LINE, SECTION **29** TOWNSHIP **19-S** RANGE **37-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3609' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

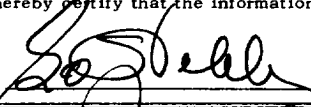
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	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"/>

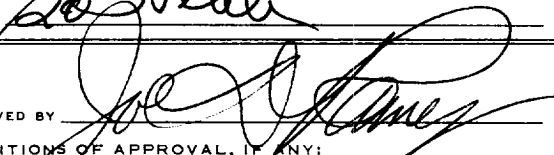
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Acidised open hole 3808' to 3893' with 500 gals. 15% reg. acid. C.I. and resumed production. No change in producing status.

NOTE: Corrected report to correct well number. Filed 7-17-68 as State "R" No. 2. Should have been State "R" No. 1.

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

SIGNED  TITLE District Superintendent DATE 8-9-68

APPROVED BY  TITLE _____ DATE 8-10-68

CONDITIONS OF APPROVAL, IF ANY: