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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE D. R. C.  
**MAY 23 12 01 PM '69**

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>1533-1/2</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State "0"</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Grayburg San Andres Monument</b>
12. County <b>Lea</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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>Amerada Petroleum Corporation</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>G</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1930</b> FEET FROM THE <b>East</b> LINE, SECTION <b>30</b> TOWNSHIP <b>19-S</b> RANGE <b>37-E</b> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3634' DF</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>


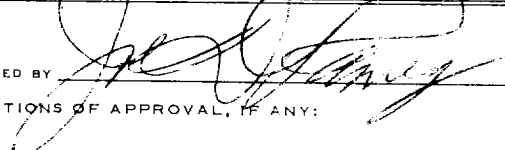
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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 OH 3842' to 3964' with 1000 gals. 15% NE acid down 6-5/8" csg.**

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

SIGNED 	TITLE <b>District Superintendent</b>	DATE <b>May 21, 1969</b>
APPROVED BY 	TITLE <b>SUPERVISOR</b>	DATE

CONDITIONS OF APPROVAL, IF ANY: