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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE G. C. C.
 JUL 13 12 07 PM '67

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.

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 **H** **990** FEET FROM THE **North** LINE AND **660** FEET FROM
 THE **East** LINE, SECTION **6** TOWNSHIP **20S** RANGE **37E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
L.M. Lambert

9. Well No.
7

10. Field and Pool, or Wildcat
Monument Blinberry

15. Elevation (Show whether DF, RT, GR, etc.)
3572' 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 Acidize <input checked="" 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.

Pulled rods, pump and tubing. Ran tubing with packer and acidized 7" casing perforations from 5688' to 5681' with 5000 gals. 15% Unisol acid using ball sealers. Pulled tubing and packer. Reran rods, pump and tubing and resumed production. No change in producing status.

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

SIGNED B. J. King TITLE District Superintendent DATE 7-12-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: