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LAND OFFICE		
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NEW MEXICO OIL CONSERVATION COMMISSION

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

15. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
E-2075

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"/>	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State S "J"
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER N , 1980 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 23 TOWNSHIP 14S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Saunders
15. Elevation (Show whether DF, RT, GR, etc.) 4198' 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"/>	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 JOBS <input type="checkbox"/>
OTHER _____ <input type="checkbox"/>	OTHER Temporarily Abandon <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Closed all valves and temporarily abandoned effective 9-20-66.

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

SIGNED B. J. Sney TITLE District Superintendent DATE 9-20-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: