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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		5. State Oil & Gas Lease No.
2. Name of Operator Amerada Petroleum Corporation		7. Unit Agreement Name
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		8. Farm or Lease Name S. E. Anderson
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 98 RANGE 35E NMPM.		9. Well No. 1
15. Elevation (Show whether DF, RT, GR, etc.) 4186' DF		10. Field and Pool, or Wildcat Jenkins Devenian
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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Temporarily Abandon <input checked="" type="checkbox"/>	ALTERING CASING <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.

Devenian Zone - Closed all valves and temporarily abandoned eff. 3-6-65. Plan to pull tubing and flow valves at a later date.

NOTE: Will continue producing the Bugh "C" Zone.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u><i>R. L. Casper</i></u>	TITLE <u>District Superintendent</u>	DATE <u>March 9, 1965</u>	
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			