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NEW MEXICO OIL CONSERVATION COMMISSION
JAN 4 11 59 AM '66

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

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Drilling Well	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name S. Ainsworth
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER C , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 9S RANGE 34E NMPM.	10. Field and Pool, or Wildcat Jenkins Cisco
15. Elevation (Show whether DF, RT, GR, etc.)	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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Spudded 17-1/2" hole at 8:00 PM 12-29-65.
Finished drilling 17-1/2" hole to 380' at 4:45 AM 12-30-65.
Ran 9 jts. 13-3/8" OD casing set at 377'. Cemented with 500 sacks reg. cement with last 250 sacks mixed 2% Calcium Chloride. Pumped plug to 347' at 10:15 AM 12-30-65. Cement circulated. Waited 21-1/4 hrs. Tested 13-3/8" casing with 500# for 1/2 hr. Held OK. Drilled cement.
Started drilling 11" hole from 380'.

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 **1-3-66**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: