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

NEW MEXICO OIL CONSERVATION COMMISSION

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-9950

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 Division, Amerada Hess Corporation

3. Address of Operator
P. O. Box 1920 - Hobbs, New Mexico

4. Location of Well
UNIT LETTER **J** **1980** FEET FROM THE **south** LINE AND **1980** FEET FROM THE **east** LINE, SECTION **2** TOWNSHIP **12-S** RANGE **33-2-E** NMPM.
33
33-2-E

7. Unit Agreement Name

8. Farm or Lease Name
State BT "A"

9. Well No.
1

10. Field and Pool, or Wildcat
Bagley-Siluro Devonian

15. Elevation (Show whether DF, RT, GR, etc.)
4235' 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 checked="" 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 <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.

Pulled production equipment. Squeezed perms. from 10,812' to 10,848' with 150 sacks also set cement. Held 1000# on csg. during squeeze. Perforated 5-1/2" csg. from 10,752' to 10,759' and 10,763' to 10,775' with 2 holes per foot, 38 holes. Acidized perms. 10,752' to 10,775' with 4000 gals. 15% NE acid and 2000 gals. 3% acid. Reran pumping equipment. No change in classification.

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

SIGNED *[Signature]* TITLE **District Clerk** DATE **October 6, 1969**

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: