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| OPERATOR           |  |  |

# NEW MEXICO OIL CONSERVATION COMMISSION. C. C.

FEB 3 11 36 AM '67

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.   |   |
| 7. Unit Agreement Name         |   |
| 8. Farm or Lease Name          |   |
| 9. Well No.                    |   |
| 10. Field and Pool, or Wildcat |   |
| 12. County                     |   |

## 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.)

OIL WELL ☐

GAS WELL ☐

OTHER- **T.A.**

Name of Operator

**Amerada Petroleum Corporation**

Address of Operator

**P. O. Box 668 - Hobbs, New Mexico**

Location of Well

UNIT LETTER **I**, **1980** FEET FROM THE **South** LINE AND **660** FEET FROM

THE **East** LINE, SECTION **14** TOWNSHIP **11-S** RANGE **32-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

**4363' DF**

12. County

**Lea**

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

**Temporarily Abandoned** ☒

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.

**FOR RECORD ONLY: To advise this well is still closed in and temporarily abandoned with no other plans at this time.**

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

SIGNED

**B. J. Singh**

TITLE

**District Superintendent**

DATE

**2-2-67**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: