

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION  
HOBBS OFFICE O. C. C.

FEB 9 3 45 PM '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.
7. Unit Agreement Name
8. Farm or Lease Name C. W. Robinson "A"
9. Well No. 2
10. Field and Pool, or Wildcat Moore Devonian
12. County Lea

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- T.A.
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. 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

16.

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

NOTICE OF INTENTION TO:

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"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>
Temporarily Abandoned	<input checked="" 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.

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 A.C. Caspe TITLE District Superintendent DATE 2-8-66

APPROVED BY Joe X. [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: