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HOBBS OFFICE OF COMMISSION
NEW MEXICO OIL CONSERVATION COMMISSION
Nov 29 9 53 AM '65

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9675
7. Unit Agreement Name
8. Farm or Lease Name State EC "E"
9. Well No. 1
10. Field and Pool, or Wildcat East Caprock
12. County Los

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State EC "E"
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 12S RANGE 32E NMPM.	10. Field and Pool, or Wildcat East Caprock
15. Elevation (Show whether DF, RT, GR, etc.) 4359' DF	12. County Los

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 ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 103.

Pulled rods, pump and tubing. Squeezed 5-1/2" casing perfs. from 10,998' to 11,006', 11,012' to 11,014' and 11,051' to 11,065' with 150 sacks sle-set cement. Drilled out to 11,020'. Perforated 5-1/2" casing from 10,998' to 11,006' with 2 shots per foot. Acidized perfs. with 250 gals. 15% NE acid. Swab tested. Reran rods, pump and tubing. Resumed production.

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

SIGNED *[Signature]*

TITLE **Asst. District Superintendent**

DATE **11-22-65**

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE