

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

COPIES
NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE
JAN 11 3 05 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 East Caprock SWD | |
| 9. Well No. 1 | |
| 10. Field and Pool, or Wildcat East Caprock | |
| 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 , 660 FEET FROM THE East LINE AND 1900 FEET FROM THE South LINE, SECTION 11 TOWNSHIP 12S RANGE 32E NMPM. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4324' GL |

| | |
|--|--|
| 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER Temp. 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 - Well closed in and temporarily abandoned with no other plans at this time.
(Salt Water Disposal Well)

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

| | | |
|---------------------------------|--------------------------------------|-------------------------|
| SIGNED <u>[Signature]</u> | TITLE District Superintendent | DATE 1-3-66 |
| APPROVED BY <u>[Signature]</u> | TITLE _____ | DATE JAN 11 1966 |
| CONDITIONS OF APPROVAL, IF ANY: | | |