

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

NEW MEXICO OIL CONSERVATION COMMISSION

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	
Lon	

1. <div>OIL WELL <input type="checkbox"/></div> <div>GAS WELL <input type="checkbox"/></div> OTHER- <b>T. A.</b>	
2. Name of Operator <b>Amerada Petroleum Corporation</b>	
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	
4. Location of Well UNIT LETTER <b>I</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>1980</b> FEET FROM THE <b>South</b> LINE, SECTION <b>11</b> TOWNSHIP <b>12-S</b> RANGE <b>32-E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>4324' GL</b>	
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 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 <b>Temporarily Abandon</b> <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 <b>D.C. Campbell</b>	TITLE <b>District Superintendent</b>	DATE <b>7-1-65</b>
APPROVED BY <b>J.P. [Signature]</b>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		