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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-65
JUL 12 1 10 PM '67

1. Initial 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 H.C. Posey "A"
9. Well No. 5
10. Field and Pool, or Wildcat East Caprock
12. County Lin

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amerada Petroleum Corporation

3. Address of Operator
P.O. Box 668 - Hobbs, New Mexico

4. Location of Well
UNIT LETTER A 660 FEET FROM THE North LINE AND 990 FEET FROM
THE East LINE, SECTION 11 TOWNSHIP 12S RANGE 32E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4349' DF

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" 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 <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

Plan to pull present production equipment. Run production packer with expendable plug in place on wire line set at 10,990'. Perforate Devonian zone 5-1/2" casing from 10,920' to 10,950' with 1 shot per foot. Run 2-3/8" tubing with packer and hydraulic holddown and acidize perforations with 2000 gals. 15% reg. acid. Swab well in and resume production.

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

SIGNED B. D. Liney TITLE District Superintendent DATE 7-11-67

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: