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NEW MEXICO OIL CONSERVATION COMMISSION

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

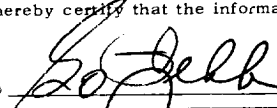
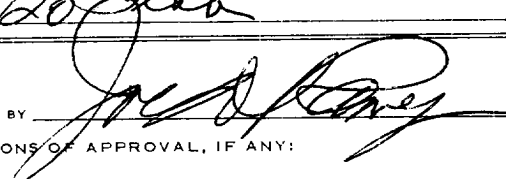
5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

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-	7. Unit Agreement Name	
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name H. C. Posey "A"	
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. #4	
4. Location of Well UNIT LETTER B, 330 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 12-S RANGE 32-E NMPM.	10. Field and Pool, or Wildcat Caprock Wolfcamp East	
15. Elevation (Show whether DF, RT, GR, etc.) 4354' DF	12. County Lea	

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 checked="" 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.

Producing status changed to temporarily abandoned effective 12-5-68. Well uneconomical to produce.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE District Superintendent	DATE 12-5-68
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		