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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. E-1347	
7. Unit Agreement Name	
8. Form or Lease Name State BT "C"	
9. Well No. 1	
10. Field and Pool, or Wildcat Bagley-Silero Devonian	
12. County Lea	

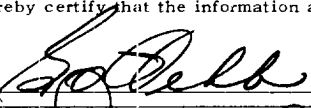
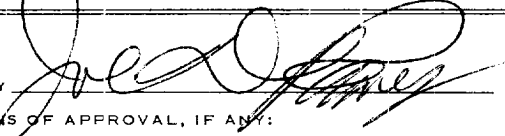
1. <div>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></div>	
2. Name of Operator Amerada Petroleum Corporation	
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	
4. Location of Well UNIT LETTER N , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 11S RANGE 33E NMPM.	

15. Elevation (Show whether DF, RT, GR, etc.) 4252' DF
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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 checked="" 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"/>

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.

Set Baker cement retainer at 10,777'. Squeezed perfs. from 10,787' to 10,830' and perforated 7-5/8" csg. from 10,674' to 10,683', 10,724' to 10,728', 10,740' to 10,744', 10,750' to 10,754', and 10,764' to 10,774' with one shot per foot. Acidized perfs. with 5,000 gals. 15% NE acid. Resumed production with beam unit. No change in classification.

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 March 21, 1969
APPROVED BY 	TITLE SUPERVISOR CONTROL	DATE
CONDITIONS OF APPROVAL, IF ANY:		