

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-1347	

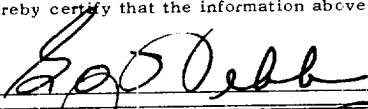
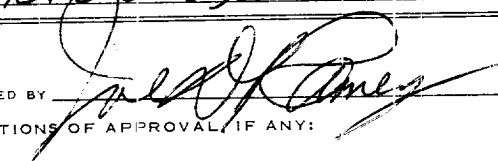
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator		8. Farm or Lease Name	
Amerada Petroleum Corporation		State BT "C"	
3. Address of Operator		9. Well No.	
P. O. Box 668 - Hobbs, New Mexico		1	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 11S RANGE 33E NMPM.		Bagley-Siluro Devonian	
15. Elevation (Show whether DF, RT, GR, etc.)		12. County	
4252' DF		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 checked="" 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 <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.

Squeeze perforations 10,787' to 10,830'. Perforate 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 hole per foot. Test and acidize perforations 10,674' to 10,774' with 5000 gallons 15% NE acid with salt diverter.

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 3, 1969
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		