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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 6 1 07 PM '66

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E-1347</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State BT "C"</b>
9. Well No. <b>4</b>
10. Field and Pool, or Wildcat <b>Bagley Penn.</b>
12. County <b>Lea</b>

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 type="checkbox"/> GAS WELL <input type="checkbox"/> 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>M</b> , <b>660</b> FEET FROM THE <b>West</b> LINE AND <b>660</b> FEET FROM THE <b>South</b> LINE, SECTION <b>35</b> TOWNSHIP <b>118</b> RANGE <b>33E</b> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) <b>4254' DF</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"/>	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 JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <b>Temporarily Abandon</b> <input checked="" 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.

FOR RECORD ONLY - Closed in and temporarily abandoned with  
no other plans at this time.

THE COMMISSION MUST BE NOTIFIED  
EVERY 6 MONTHS ON FORM C-103  
AS TO THE WELL STATUS AND YOUR  
FUTURE PLANS FOR THIS WELL

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <b>B. J. Lopez</b>	TITLE <b>District Superintendent</b>	DATE <b>7-5-66</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		