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NEW MEXICO OIL CONSERVATION COMMISSION

SEP 8 11 57 AM '65

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-1811

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State BT "D"
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 35 TOWNSHIP 118 RANGE 33E NMPM.	10. Field and Pool, or Wildcat Bagley
15. Elevation (Show whether DF, RT, GR, etc.) 4247' 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 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 JOBS <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 tubing, flow valves & packer. Run Gamma Ray Neutron log from 8200' to 10,885'. If feasible after running logs, run tubing, packer & holddown. Acidize all perforations with 5000 gals. 15% reg. acid using 500 rubber ball sealers. Pull tubing, packer and holddown. Rerun tubing with flow valves & packer. Resume production by gas lift.

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

SIGNED *A. C. Castles* TITLE **District Superintendent** DATE **9-7-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: