NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE		Effective 1-1-65
U.S.G.S.	SEP 27 8 15 M '65	5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DAILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT	
1.	CATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS GAS WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Amerada Petroleu	m Corporation	W. E. Mathers "A"
3. Address of Operator		9. Well No.
P. 0. Bex 668 - H	obbs. New Marico	3
4. Location of Well		10. Field and Pool, or Wildcat
	1980 FEET FROM THE West LINE AND 1980 FEET FROM	Bagley
•	FEET FROM THE LINE AND FEET FROM	
THE North LINE, SEC	TION 3 TOWNSHIP 128 RANGE 33E NMP	(M)
		<u>, γημημημημημη γ</u>
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4260' DF	
Check	Appropriate Box To Indicate Nature of Notice, Report or O	then Date
NOTICE OF		IT REPORT OF:
<u> </u>		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER Acidizing	
OTHER		
17. Describe Proposed or Completed	Operations (Clearly state all participant desciles 1	

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.

Pulled tubing, packer and flow valves. Reran tubing with packer and holddown. Acidized 5-1/2" casing perfs. from 8960' to 8996' and 9030' to 9060' with 2000 gals. 15% NE acid using ball sealers. Subbed well in. Well flowing natural.

Test prior to acidizing - 9-19-65 - 25 hrs. Flowed 126 BO, no water on 3/4" choke by gas lift.

Test after acidizing - 9-23-65 - 24 hrs. Flowed 181 BO, no water on 14/64" choke. TP 490# Gas Vol. 312,282 CFPD GOR 1725

APPROVED BY	18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
APPROVED BY	SIGNED D.C.Cappe	TITLE District Superintendent	DATE 92465		
	APPROVED BY	• - •	DATE		