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AUG 2 9 23 AM '65
NEW MEXICO OIL CONSERVATION COMMISSION

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL OTHER- Temp. Abandon	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Amerada Petroleum Corporation	5. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 668, Hobbs, New Mex. 88240	7. Unit Agreement Name
4. Location of Well UNIT LETTER F 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 3 TOWNSHIP 12-S RANGE 33-E NMPM.	8. Farm or Lease Name W.E. MATHERS "A"
	9. Well No. 2
	10. Field and Pool, or Wildcat Bagley Pehn.
15. Elevation (Show whether DF, RT, GR, etc.) 4260' 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 type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input checked="" type="checkbox"/> OTHER _____ <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER _____ <input type="checkbox"/>
	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <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.

Cut off 5-1/2" Csg. at Free Point, washover, back off, and pull out 5-1/2" Csg. down to 7400'. Re-rn 5-1/2" Csg. and splice on at that point. Clean out to PBD of 9539' and put back on production

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

SIGNED <u><i>D.L. Cap...</i></u>	TITLE Dist. Superintendent	DATE 8-2-65
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: