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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

E-6868

7. Unit Agreement Name

8. Farm or Lease Name

State E"R"

9. Well No.

#1

10. Field and Pool, or Wildcat

North Echel Devonian

12. County

Lea

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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amerada Petroleum Corporation

3. Address of Operator
P. O. Box 668 - Hobbs, New Mexico

4. Location of Well
UNIT LETTER **E**, **1980** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **27** TOWNSHIP **10-S** RANGE **37-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3949' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ OTHER ☒ **Dual complete for SWD as per NMOCC order #R-3532**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐ OTHER ☐

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.

Perforate San Andres formation from approximately 5210' to 5260' with Baker Production Packer set at 5300'. Acidize San Andres perforations with 3000 gals. 25% NE acid. Run tubing, connect to on & off tool & set in Baker Production Packer. Resume production from Devonian formation through tubing & initiate salt water disposal into San Andres formation in 5-1/2" casing-tubing annulus.

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

SIGNED *[Signature]* TITLE **District Superintendent**

DATE **11-5-68**

APPROVED BY *[Signature]* TITLE **SUPERVISOR DISTRICT**

DATE **NOV 7 1968**

CONDITIONS OF APPROVAL, IF ANY: