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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<b>B-9596</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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Amerada Petroleum Corporation</b>	8. Farm or Lease Name <b>State M"A"</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	9. Well No. <b>3</b>
4. Location of Well UNIT LETTER <b>M</b> <b>585</b> FEET FROM THE <b>South</b> LINE AND <b>735</b> FEET FROM THE <b>West</b> LINE, SECTION <b>24</b> TOWNSHIP <b>11-S</b> RANGE <b>32-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Moore Wolfcamp</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4338' DF</b>	12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Dual Completion - New Well** ☒

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.

Tested 2-7/8" casing with 1250#. Held OK.

Perforated 2-7/8" casing in Wolfcamp Zone from 8133' to 8139', 8146' to 8150', 8166' to 8176', 8220' to 8224', 8233' to 8239' and 8246' to 8250' with one jet shot per foot. Total 34 - 3/8" holes. Ran 252 jts. 1-1/2" tubing set open ended at 7981'. Swabbed load water. Well started flowing.

Well is dual completed as a gas-oil well from the Wolfcamp and Permian Penn Zones.

This report for Wolfcamp Zone only.

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

SIGNED 

TITLE **District Superintendent**

DATE **10-27-67**

APPROVED BY 

TITLE **750**

DATE **JAN 24 1968**

CONDITIONS OF APPROVAL, IF ANY: