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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
 Superseded Old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. ☐ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Am American Petroleum Corp.

3. Address of Operator
Box 68, Hobbs, N M 88240

4. Location of Well
 UNIT LETTER *N* *660* FEET FROM THE *SOUTH* LINE AND *1980* FEET FROM
 THE *WEST* LINE, SECTION *24* TOWNSHIP *7-S* RANGE *33-E* NMPM.

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

5a. Indicate Type of Lease
 State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
JOY RUTH BRADLEY

9. Well No.
1

10. Field and Pool, or Wildcat
CHAUVERO SAN ANDRES

12. County
ROOSEVELT

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/>

Spudding

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.

Tom Brown Drilg Co. spudded 11" hole at 11: PM on 1-22-66. On 1-23-66, 8 5/8" OD 24# J-55 Casing was set at 450' w/ 250 04. Incon. Cement Circ. After WOC 18 hours, tested casing w/ 1000 psi for 30 minutes. Test O.K.

Reduced hole to 7 7/8" at 450' and resumed drilling operations.

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

SIGNED *[Signature]* TITLE *Area Supt* DATE *1-25-66*

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0-2. NMCC-N
 1-JWB
 1-5050
 1-22-66