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NEW MEXICO OIL CONSERVATION COMMISSION

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

15a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	

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 ☐	7. Unit Agreement Name
2. Name of Operator <i>Am American Petroleum Corp.</i>	8. Farm or Lease Name <i>QUEEN</i>
3. Address of Operator <i>Box 68 Hobbs, New Mexico 88240</i>	9. Well No. <i>3</i>
4. Location of Well UNIT LETTER <i>F</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>10</i> TOWNSHIP <i>8-S</i> RANGE <i>30-E</i> NMPM.	10. Field and Pool, or Wildcat <i>CATO San Andres</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>4077 RDB</i>	12. County <i>Chaves</i>

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒	OTHER <i>Completion Operations</i> ☒

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 1703.

T.D. - 3453. On 11-21-67, 4 1/2" O.D. 9.5# J-55 Casing was set at 3453. w/300 rx. incor meat. Tested casing w/3000 PSI for 30 minutes. Test OK. After WOC approx. 24 hours, perforated intervals 3280-86, 3296-3304, 3308-30, 3354-81, 3385-90 w/2-TSPF. Simulated w/5000 gal. 20% acid then followed with 1000 gal. gelled acid.

On P.T. surb 147 80 x 30 BLW in 24 hours.
(GR-25.7 GOR-460)

TD - 3453
PBD - 3431

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

SIGNED *[Signature]* TITLE *Area Superintendent* DATE *11-27-67*

APPROVED BY *[Signature]* TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

C-2 - NMCC-H
1-2564