NO. OF COPIES RECEIVED			Form C-10	3	
DISTRIBUTION				s Old C-103	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		Effective 1		
FILE	4				
U.S.G.S.	4	A 29種 報 2 章	5a. Indicate T	pe of Lease	
LAND OFFICE	1 (17) A		State	Fee.	
OPERATOR			5. State Oil &	Gas Lease No.	
SLINDS	PY NOTICES AND DEPORTS ON	WELLS	THE STATE OF	mmm	
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.			7. Unit Agreen	nent Name	
OIL GAS WELL	OTHER- Salt Water Dis	posal			
2. Name of Operator			8. Form or Lea	ise Name	
Amerada Petroleum Corporation Bag				ley Salt Water Disposal	
3. Address of Operator			9. Well No.		
P. O. Box 668 - Hobbs, New Mexico			10 50 11	3	
				Pool, or Wildcat	
UNIT LETTER F . 1980 FEET FROM THE NORTH LINE AND 1980 FEET FROM			M Bagley	mmm	
- West 11 12.5 22.5					
THE HEAL LINE, SECTI	THE West LINE, SECTION 11 TOWNSHIP 12-8 RANGE 33-E NMPM.				
15. Elevation (Show whether DF, RT, GR, etc.)			12. County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4250' DF			Lea		
Check Appropriate Box To Indicate Nature of Notice, Report or Oth					
	NTENTION TO:		IT REPORT O	F.	
		3323_32	· KEI OKI O	•	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALT	ERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLU	G AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB			
	,——	OTHER CONVERT TO	Salt Water	Disposal X	
OTHER					
17. Describe Proposed or Completed On work) SEE RULE 103.	perations (Clearly state all pertinent deta	l ails, and give pertinent dates, includin	g estimated date (of starting any proposed	
11,040' to 11,325' acid. Acidized 5-11,325' with 1000 Started injecting Converted to salt	water disposal well as p	e 11,325' with 2000 gal. O' to 11,026' and OH 11 11ed and laid down tubin er N.M.O.C.C. Order No.	s. 25% reg ,040' to ng and bit.		
18. I hereby certify that the information	above is true and complete to the best of	of my knowledge and belief.			
San on					
SIGNED DELLE	TITLE	District Superintendent	DATE	-26-68	
	1/2				
ARRENOVED BY		organism of the state of the s		. Ton	
APPROVED BY	TITLE		DATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CONDITIONS OF APPROVAL, IF ANY					
E.F.					