	-			
NO. OF COPIES RECEIVED	-		Form C-103	
DISTRIBUTION	_		Supersedes Old	
SANTA FE	NEW MEXICO OIL CONS	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65	
FILE				
U.S.G.S.			5a. Indicate Type of Lease	
LAND OFFICE			State X Fee	
OPERATOR			5. State Oil & Gas Lease No.	
	-		3-10083	
SUNDE (DO NOT USE THIS FORM FOR PR USE "APPLICAT	RY NOTICES AND REPORTS ON	WELLS BACK TO A DIFFERENT RESERVOIR. H PROPOSALS.)		
1. OIL GAS WELL WELL	OTHER.		7. Unit Agreement Name	
2. Name of Operator			8, Farm or Lease Name	
Amerada Petroleum Corporation			State BT "E"	
3. Address of Operator			9. Well No.	
P.O. Bex 668, He	bbs, New Maxico		1	
4. Location of Well			10. Field and Pool, or Wildcat	
UNIT LETTER 6	60 FEET FROM THE South	LINE AND FEET FF	Hightower	
THE LINE, SECTI	ON TOWNSHIP 12-9	RANGE 33-E NM	AIIIIIIIIIIIIIIIIIIIIIIIIII	
		NANGE NM	····· ////////////////////////////////	
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County	
	4632' DF			
^{16.} Check	Appropriate Box To Indicate N	ature of Notice Report of	Other Date	
NOTICE OF I	NTENTION TO:		INT REPORT OF:	
		JUBSEQUE	NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	ALTERING CASING	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT	
		OTHER		
OTHER				
		<u> </u>		

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.

Squeezed 5-1/2" casing perfs. from 10,070' to 10,080' with 150 sacks cement. Drilled out to 10,033'. Schlumberger perferated 5-1/2" casing from 9984' to 9996' with ene bullet shot per foot. Set BP at 10,014' and plugged back with cement to 10,002'. Attempted to acidize perfs. with 500 gals. CRA acid. Packer failed with acid en spet. Pulled & reran tubing & packer. Acidized perfs. with 500 gals. 15% reg. acid. Reran Kebe pumping equipment and resumed preduction.

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

SIGNED A.C.C.a.p.a.	TITLE District Superintendent	DATE_	7-2-65
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE _	