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NEW MEXICO OIL CONSERVATION COMMISSION

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

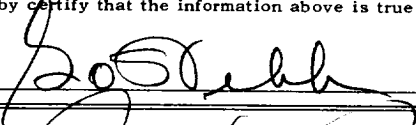
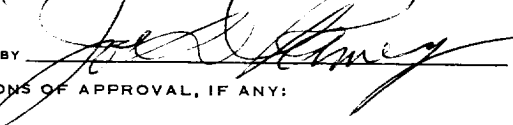
5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Hightower Salt Water Disposal	
9. Well No. 1	
10. Field and Pool, or Wildcat Hightower	
12. County Lea	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal	
2. Name of Operator Amerada Petroleum Corporation	
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	
4. Location of Well UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 12S RANGE 33E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4256' DF	

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

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.

Pulled tubing and packer. Ran Baker Model "AD" packer on 2-7/8" OD tubing internally coated with Plasticap "A". Set packer at 4183' with 5000# tension. Loaded 8-5/8" and 5-1/2" casing with fresh water treated with Baroid B-1400 chemical. Acidized perms. 4502' to 5040', 8740' to 8772' and OH 8850' to 9344' with 2000 gals. 25% reg. acid. Resumed injecting water.

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 1-9-68
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		