| | e sa | سبي | |
|---|---|--|--|
| NO. OF COPIES RECEIVED | 7 | | Form C -103 |
| DISTRIBUTION | | White state of the con- | |
| SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION | | C-102 and C-103 Effective 1-1-65 |
| FILE | Åur | 211001110 1-1-03 | |
| U.S.G.S. | | 321 2 47 PM 168 | 5a. Indicate Type of Lease |
| LAND OFFICE | | | State 🗷 Fee. |
| OPERATOR |] | | 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" (FOR SUCH PROPOSALS.) | | | |
| USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | | | 7. Unit Agreement Name |
| OIL GAS WELL | OTHER- | | |
| 2. Name of Operator | | | 8. Farm or Lease Name |
| Amerada Petroleum Corporation | | | - Marie Linea |
| P. O. Drawer 817 - Seminole, Texas | | | 9. Well No. |
| 4. Location of Well | definore teves | | 10. Field and Pool, or Wildcat |
| D 6 | 660 FEET FROM THE North | 11NE AND 660 | FEIDECICALATED! |
| UNIT LETTER | FEET FROM THE | LINE AND OOD FEET | FROM |
| THE West LINE, SECT | 10N 14 TOWNSHIP 13S | BANGE 38E | NMPM. |
| | TOWNSHIP | NANGE | , |
| | 15. Elevation (Show whether | • | 12. County |
| | | 3816' D. F. | Lea |
| PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER | PLUG AND ABANDON CHANGE PLANS | REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER Plus back in | ALTERING CASING PLUG AND ABANDONMENT OR Devonian Zone and |
| | Complete in Wolfcamp Zone cribe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any prop | | |
| Plugged back to 10,6541 to 10,6 Plugged back & | o 10,685, Perforated the 657 & 10,668 to 10,668 Perforated the lower Wol | Strawn Zone from 10 , Swab tested, Non C fcamp Zone from 9494 | ,638' to 10,645', ommerical. ' to 9508'; |
| | & 9556' to 9570', Acidis | _ | |
| tested and well | l started flowing on a 1/ | K" choke irom the lo | MEL MOTICSTO |
| Zone on 8-17-6 | 8. | | |
| | | | |

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

SIGNED TITLE Asset. Dist. Supt.

DATE August 20, 1968

CONDITIONS OF APPROVAL, IF ANY: