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NEW MEXICO OIL CONSERVATION COMMISSION  
APR 28 8 41 AM '69

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>K-3573</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>State H "A" Unit</b>
9. Well No. <b>#1</b>
10. Field and Pool, or Wildcat <b>Wildcat</b>
12. County <b>Lea</b>

### 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- <b>Drilling</b>
2. Name of Operator <b>Amerada Petroleum Corporation</b>
3. Address of Operator <b>P. O. Box 666 - Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>B</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>19</b> TOWNSHIP <b>14-S</b> RANGE <b>35-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4074' DF 4057' GL</b>

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Change Name** ☒

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

**Change name from State H "A" Com. No. 1 to State H "A" Unit No. 1 effective 4-28-69.**

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

SIGNED *E. J. Webb* TITLE District Superintendent DATE April 28, 1969

APPROVED BY *J. H. Hines* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: **"Unit" designation approved subject to formal hearing.**