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NEW MEXICO OIL CONSERVATION COMMISSION

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

| | |
|---|------------------------------|
| Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| E-2118 | |

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

| | | | |
|---|--|--------------------------------|--|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | | 7. Unit Agreement Name | |
| 2. Name of Operator | | 8. Farm or Lease Name | |
| Amerada Petroleum Corporation | | | |
| 3. Address of Operator | | 9. Well No. | |
| P. O. Box 668 - Hobbs, New Mexico | | 3 | |
| 4. Location of Well | | 10. Field and Pool, or Wildcat | |
| UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM | | Saunders | |
| THE East LINE, SECTION 3 TOWNSHIP 15-S RANGE 33-E NMPM. | | | |
| 15. Elevation (Show whether DF, RT, GR, etc.) | | 12. County | |
| 4202' DF | | Lea | |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER T. A. <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.

Temporarily abandoned effective 12-12-68.

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

SIGNED *[Signature]* TITLE **District Superintendent** DATE **12-12-68**

APPROVED BY *[Signature]* TITLE _____ DATE **DEC 16 1968**

CONDITIONS OF APPROVAL, IF ANY: