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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 11 22 PM '66

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. E-2118
7. Unit Agreement Name
8. Farm or Lease Name State 3 "B"
9. Well No. 3
10. Field and Pool, or Wildcat Saunders
12. County Lin

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER G , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 15S RANGE 33E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4202' DF

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 JOBS ☐
OTHER ☐

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.

Acidized 5-1/2" casing perforations 9760' to 9895' and 4-3/4" OH 9905' to 9980' with 5000 gals. retarded acid, 1000 gals. HV acid and 3000# TLC-15 in 5 stages. Shub tested. Ran tubing with flow valves and resumed production. Producing status changed from flowing natural to flowing by gas lift.

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

SIGNED *H.C. Ca* TITLE District Superintendent DATE 2-3-66

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: