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HOBBS OFFICE O.C.C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
JAN 14 11 43 AM '66

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

|  |
|--|
| 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><b>E-2118</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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>  | 7. Unit Agreement Name                            |
| 2. Name of Operator<br><b>Amerada Petroleum Corporation</b>  | 8. Farm or Lease Name<br><b>State 8 "B"</b>       |
| 3. Address of Operator<br><b>P. O. Box 668 - Hobbs, New Mexico</b>   | 9. Well No.<br><b>3</b>                           |
| 4. Location of Well<br>UNIT LETTER <b>G</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>3</b> TOWNSHIP <b>158</b> RANGE <b>33E</b> NMPM. | 10. Field and Pool, or Wildcat<br><b>Saunders</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>4202' DF</b>   | 12. County<br><b>Lea</b>                          |

|  |   |
|--|---|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data |   |
| NOTICE OF INTENTION TO:  | SUBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>                    | REMEDIAL WORK <input 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"/> |
| PLUG AND ABANDON <input type="checkbox"/>                                    | ALTERING CASING <input type="checkbox"/>            |
| CHANGE PLANS <input type="checkbox"/>  | PLUG AND ABANDONMENT <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.

**Plan to Acidize 5-1/2" casing perforations from 9760' to 9895' and 4-3/4" OH from 9905' to 9980' with 5000 gals. retarded acid, 1000 gals. HV acid and 3000# TLC-15 in 5 stages. Shab test. If well does not flow, pull tubing and packer. Rerun tubing, packer and flow valves. Resume production.**

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

|   |   |                                  |
|---|---|----------------------------------|
| SIGNED <u><i>D. C. Ca...</i></u>                            | TITLE <u><b>District Superintendent</b></u> | DATE <u><b>1-13-66</b></u>       |
| APPROVED BY <u>                    </u>                     | TITLE <u>                    </u>           | DATE <u>                    </u> |
| CONDITIONS OF APPROVAL, IF ANY: <u>                    </u> |   |                                  |