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NEW MEXICO OIL CONSERVATION COMMISSION

CCT

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/> 60	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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- T. A.		7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name State S "N" Unit
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 8
4. Location of Well UNIT LETTER L , 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 3 TOWNSHIP 15S RANGE 33E NMPM.		10. Field and Pool, or Wildcat Saunders Permo-Penn.
15. Elevation (Show whether DF, RT, GR, etc.) 4209' DF		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Producing status changed from oil well flowing by gas lift to temporarily abandoned effective 10-4-68. Well uneconomical to produce.

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

SIGNED W. H. [Signature] TITLE **Asst. Dist. Supt.** DATE **10-4-68**

APPROVED BY Leslie A. Clements TITLE Asst. Dist. Supt. DATE 10-4-68

CONDITIONS OF APPROVAL, IF ANY: