

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

# NEW MEXICO OIL CONSERVATION COMMISSION

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

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

## 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 <b>Amerada Petroleum Corporation</b>		8. Farm or Lease Name <b>S. B. Rose</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>		9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>35</b> TOWNSHIP <b>16S</b> RANGE <b>38E</b> NMPM.		10. Field and Pool, or Wilcat <b>Knowles - Devonian</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3705' DF</b>		12. County <b>Lea</b>

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 ☐

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.

Set bridge plug at approximately 10,000'. Run GR-N log from 5,000' to approximately 10,000'. Selectively perforate the Abo formation and test, acidize if necessary, to establish production. If non-commercial, squeeze and perforate the Paddock formation selectively from 6430' to 6530' with one hole per foot. Test and acidize with 5,000 gallons 15% NE acid with diverter.

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

SIGNED *Go Dill* TITLE District Superintendent DATE March 18, 1969

APPROVED BY *John W. Runyan* TITLE  DATE

CONDITION OF APPROVAL, IF ANY: