NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION		Supersedes Old	
SANTAFE	NEW MEXICO OIL CONS	C-102 and C-103 Effective 1-1-65	
FILE			21001110 11 00
	<u>-</u>	lug 4 1 23 PM 265	5a. Indicate Type of Lease
U.S.G.S.	_		State F'ee X
LAND OFFICE			5. State Oil & Gas Lease No.
OPERATOR	_}		5. State Off & Gds Ledse No.
SUND (DO NOT USE THIS FORM FOR P USE "APPLICATION")	7. Unit Agreement Name		
SIL GAS WELL WELL	OTHER.		
2. Name of Operator			8. Farm or Lease Name
Amerada Petroleum Corporation			W. W. Hamilton
3. Address of Operator	9. Well No.		
			9
P. O. Box 668 - Hobbs, New Mexico			10 5111 15 1 1811
4. Location of Well			10. Field and Pool, or Wilcont
UNIT LETTER K , 1980 FEET FROM THE South LINE AND 1900 FEET FROM			Knowles
THE West Line, SECTION 35 TOWNSHIP 16-8 RANGE 38-E NMPM.			
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3707° DF		Lea
16. Charle	Appropriate Box To Indicate I	Natura of Nation Papart on C	
	INTENTION TO:	-	NT REPORT OF:
<u> </u>			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDON MENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER Change Method	of Pumping X
OTHER			
			ng estimated date of starting any proposed
type pumping unit & and resumed product	E tbg. Ran 2-3/8" OD tbg E equip. Installed Triple ing by Kobe pump. hanged from pumping by bea	ex pump, engine, necess	ary lines and equipment
18. I hereby certify that the informati	ion above is true and complete to the best	of my knowledge and belief,	
NICE AS	15 d		
SIGNED N. C. C. A.	TITLE D	istrict Superintendent	DATE <u>8-3-65</u>
			
	•		
APPROVED BY			DATE
CONDITIONS OF APPROVAL, IF A	•		
COMPLICIONS OF MERKOVAL, IF A	• • •		