NO. OF COPIES RECEIVED				Form C-1	0.3	
DISTRIBUTION				Supersed	es Old	
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION			d C-103 - 1-1-65	
FILE	' 	TEN MEXICO OIL COITO			• 1-1-03	
U.S.G.S.			l yoʻi	Su. Indicate	Type of Lease	
LAND OFFICE				State 🛣	h ——	
OPERATOR					& Gas Lease No.	
OF ENATOR				E-211	6	
	SUNDRY NOTICE	S AND DEDODES ON	WELLS	iiiii	mminit	
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,	77. 210411017 017. 217.		Tricker concern	7. Unit Agre	ement Name	
OIL GA WELL WE	S OTHER-					
2. Name of Operator					ease Name	
Amerada Petroleum Corporation				State S	State S "D"	
3. Address of Operator				9. Well No.		
P. O. Box 668	- Hobbs, New Me	xico		1		
4. Location of Well	······································	· · · · · · · · · · · · · · · · · · ·		10. Field an	d Pool, or Wildcat	
UNIT LETTER D	660	ET FROM THE North	LINE AND 660	Saunders	j	
ONII CEITER				TITITION TO THE TENT IS A		
THE West	LINE, SECTION	TOWNSHIP	33-E	NMPM.		
THE	LINE, SECTION	TOWNSHIP	RANGE	- MPM. (())		
	15	, Elevation (Show whether	DF, RT, GR, etc.)	12. County		
		4196' DF		Lea		
16.	Check Appropriat	e Boy To Indicate N	ature of Notice, Repor	t or Other Data		
NOT	ICE OF INTENTION			EQUENT REPORT	OE.	
1101	TOE OF INTENTION	10.	33531	LQULIVI KLI OKT	Jr.	
PERFORM REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK		LTERING CASING	
TEMPORARILY ABANDON	<u>x</u>		COMMENCE DRILLING OPNS.	7	UG AND ABANDONMENT	
PULL OR ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB	7	THE AND ADARDONNICHT	
			OTHER	<u></u>		
OTHER						
3					to beautiful the second	
17. Describe Proposed or (work) SEE RULE 1103	Completed Operations (Cle	arly state all pertinent deta	zils, and give pertinent dates,	including estimated date	of starting any proposed	
work) SEE ROLE 1103	•					
Producing	r status chanced	from oil well f	lowing by gas lift	to temporaril	v	
	, 0,0000 0				J	
shandoned offer	tive 11-16-68	Well uneconomic	al to produce			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hora discontinuation	ar to broces.			

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

SIGNED

TITLE

District Superintendent

DATE

TITLE

DATE

TITLE

DATE

DATE