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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 17 12 59 PM '65

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.	
7. Unit Agreement Name	
8. Farm or Lease Name	
W. W. Hamilton "A"	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Knowles	
12. County	
Lea	

**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"/>
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER <u>I</u> <u>660</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>34</u> TOWNSHIP <u>16S</u> RANGE <u>38E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3709' DF

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 ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

Pulled rods, pump and tubing. Tested 5-1/2" casing for leaks. Ran 2-7/8" tubing and packer. Acidized 7-7/8" OH from 12,450' to 12,560' with 600 gals. Jel X-830 temporary plugging agent, 6000 gals. FIA X-2 acid and 4000 gals. 15% reg. acid. Swab tested. Pulled tubing and packer. Ran hydraulic pump and equipment on 2-3/8" tubing. Removed beam type pump unit. Installed triplex pump, engine and necessary equipment. Resumed production by hydraulic pump.

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

SIGNED D. C. Capp

TITLE District Superintendent

DATE 8-16-65

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: