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NEW MEXICO OIL CONSERVATION COMMISSION C. C.

MAY 13 9 14 AM '68

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 Amerada Petroleum Corporation	8. Farm or Lease Name B. Hardin
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER N 7 , 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 18-S RANGE 38-E N.M.P.M.	10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether DF, RT, GR, etc.) 3671' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

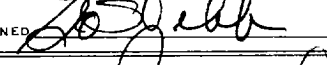
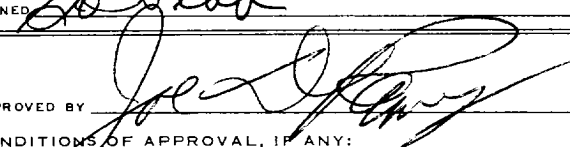
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <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.

Pulled production equipment. Treated open hole 4197' to 4219' with 500 gals. SAF followed with 2500 gals. 15% NE acid. Swab tested. Reran production equipment and resumed production. No change in producing status.

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 5-9-68
APPROVED BY 	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		