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NEW MEXICO OIL CONSERVATION COMMISSION
MAY 17 07 AM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1469

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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> WELL	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State "B"
3. Address of Operator P.O. Box 668 - Hebbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER B , 990 FEET FROM THE North LINE AND 1650 FEET FROM East 29 TOWNSHIP 18S RANGE 38E N14PM. THE LINE, SECTION TOWNSHIP RANGE N14PM.	10. Field and Pool, or Wildcat Hebbs
15. Elevation (Show whether DF, RT, GR, etc.) 3653' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER String shot & acidize <input checked="" 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 rods, pump and tubing. Ran string shots of 100 grains and 150 grains per ft. respectively over 5-1/2" liner perms. from 4090' to 4110'. Acidized perms. with 1000 gals. 15% NE acid. Ran rods, pump and tubing and resumed pumping. No change in well status.

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

SIGNED B. D. King TITLE District Superintendent DATE 4-28-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: