| NO. OF COPIES RECEIVED | | Form C-103 |
|---|---|--|
| DISTRIBUTION | | Supersedes Old |
| SANTAFE | NEW MEXICO OIL CONSERVATION COMMISSION | C-102 and C-103 Effective 1-1-65 |
| FILE | | |
| U.S.G.S. | | 5a. Indicate Type of Lease |
| LAND OFFICE | | State Fee. |
| OPERATOR | | 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. | | 7. Unit Agreement Name |
| OIL GAS WELL WELL | OTHER- | |
| 2. Name of Operator | | 8. Farm or Lease Name |
| Amerada Pet: 3. Address of Operator | roleum Corporation | H D McKinley |
| 3. Address of Operator | | H.D. McKinley 9. Well No. |
| P.O. Box 666 | B - Hobbs, New Mexico | 1. |
| 4. Location of Well | | 13. Field and Pool, or Wildcat |
| UNIT LETTER | | Hobbs |
| | FEET FROM | |
| THE LINE, SE | ECTION 30 TOWNSHIP 185 RANGE 38E NMPP | |
| | NAME NAME | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| | 3662 | Tee (IIIIIIII |
| 16. Chec | ck Appropriate Box To Indicate Nature of Notice, Report or O | ther Data |
| | | THE Data |
| 1101102 01 | SUBSEQUEN | REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | A. 750.05 0.000 |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. | ALTERING CASING |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOB | PLUG AND ABANDONMENT |
| | | ing equipment. |
| OTHER | OTHERInstall pump | rug edurbment (T) |
| | | |
| 17. Describe Proposed or Complete | d Operations (Clearly state all pertinent details, and give pertinent dates, includir | ng estimated date of starting any proposed |
| work) SEE RULE 1103. | | |
| | | |
| | | |
| | | |
| •• | | |
| Unseat ed | packer & left swinging at 3931'. Ran 2" x 1-1/2 | " x 16 D&B pump |
| on 155 - | 3/4" rods. Set pumping equipment and started pu | mping 3-3-68. |
| Produ | cing status changed from flowing to pumping oil w | ell. |
| | | |
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| | | |
| 18. I hereby certify that the informa | tion above is true and complete to the best of my knowledge and belief. | |
| | 1.4 | |
| SIGNED 20 Vel | District Superintendent | DATE 3 1 40 |
| | District Superintendent | DATE |
| \mathcal{A} | | |
| APPROVED BY | K. Ch. Cal | |
| | TITLE | DATE |
| CONDITIONS OF APPROVAL, IF | ANY: / | |