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NEW MEXICO OIL CONSERVATION COMMISSION

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. B-1040
7. Unit Agreement Name
8. Farm or Lease Name State V "A"
9. Well No. 3
10. Field and Pool, or Wildcat Vacuum
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 17-S RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4031' GL

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 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 Convert to Water Injection <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 pumping equipment. Ran bit, cleaned out to 4662' and ran GR-N log. Ran 134 jts. 2-3/8" OD cement lined tbgs. set at 4242' with 7" x 2" Lok-set packer internally and externally coated at 4238'. Inhibited water in annulus. Started injecting water as per N.M.O.C.C. Order No. R-3335 11-2-67.

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

SIGNED *[Signature]* TITLE **District Superintendent**

DATE **11-3-67**

APPROVED BY *[Signature]* TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: