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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

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- Drilling	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State V "A"
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. 6
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 17-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Vacuum
15. Elevation (Show whether DF, RT, GR, etc.) 4039' DF	12. County Lea

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 ☐

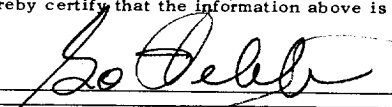
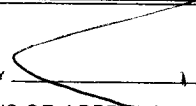
SUBSEQUENT REPORT OF:

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.

Finished drilling 7-7/8" hole to 4700' at 1:15 AM 10-18-67. Ran 117 jts. 5-1/2" OD casing set at 4700'. Cemented with 315 sx. Lite-Wate & 250 sx. Class "H" cement. Total 565 sx. Pumped plug to 4656' at 10:45 PM 10-18-67 with 1500# PP. Ran temperature survey - top of cement at 2450' for 51.5% fill. Moved in pulling unit 10-23-67 for completion.

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 10-24-67
APPROVED BY 	TITLE ENGINEER	DATE
CONDITIONS OF APPROVAL, IF ANY:		