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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 3 9 56 AM '65

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.	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		
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 M.E. Gaither	
3. Address of Operator P.O. Box 668, Hobbs, New Mexico	9. Well No. 1	
4. Location of Well UNIT LETTER I , 660 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 34 TOWNSHIP 19-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Monument - Grayberg	
15. Elevation (Show whether DF, RT, GR, etc.) 3632' 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 Acidizing <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 <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.

Acidize Grayburg Zone Perfs. from 3932' to 3948' with 500 gals. 15% NE acid followed with 1000 gals. CRA acid. Swab back acid water and resume production.

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

SIGNED *D.C. Campbell* TITLE **Dist. Superintendent** DATE **8-2-65**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: