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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
2. Name of Operator <b>Amerada Petroleum Corporation</b>		8. Farm or Lease Name <b>W. A. Weir</b>	
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>		9. Well No. <b>1</b>	
4. Location of Well UNIT LETTER <b>M</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>35</b> TOWNSHIP <b>19</b> RANGE <b>36</b> N.M.P.M.		10. Field and Pool, or Wildcat <b>Monument Grayburg San Andres</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3621' DF</b>		12. County <b>Lea</b>	

16. 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"/>

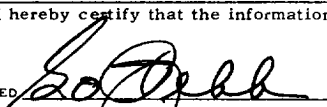
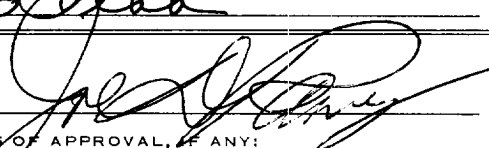
SUBSEQUENT REPORT OF:

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 <b>Convert to pumping oil well</b> <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.

**Production status changed from flowing to pumping oil well effective 12-7-68.**

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

SIGNED 	TITLE <b>District Superintendent</b>	DATE <b>12-9-68</b>
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		