NO. OF COPIES RECEIVED	Form C-103
DISTRIBUTION	Supersedes Old
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	Effective 1-1-65
U.S.G.S. SEP 3 1 55 31 35	5a. Indicate Type of Lease
OPERATOR	
	5. State Oil & Gas Lease No.
(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.)	
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
	7. Unit Agreement Name
WELL OTHER-	
2. Name of Operator	8. Farm or Lease Name
Amerada Petroleum Corporation	J. R. Phillips
3. Address of Operator	9. Well No.
P. O. Box 668 - Hobbs, New Mexico	L
4. Location of Well	10. Field and Pool, or Wildcat
B 1980 Each ((a	
UNIT LETTER B 1980 FEET FROM THE EAST LINE AND 660 FI	EET FROM HOMUMBEL
North 6 000 of -	
THE North LINE, SECTION 1 TOWNSHIP 208 RANGE 36E	МРМ. (()))))))))))))))))))))))))))))))))))
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
ALIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Check Appropriate Box To Indicate Nature of Notice, Report	or Other Date
SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK	
TEMPORARILY ABANDON	ALTERING CASING
COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER	
OTHER	

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 rods, pump and tubing. Ran Gamma Ray Neutron log. Squeezed perforations from 3740' to 3767' with 150 sacks cement. Perforated 5-1/2" casing with one Dyna Jet shot at 3652', 3657', 3663', 3668', 3671', 3675', 3680', 3687', 3692', 3695', 3702' & 3700'. Ran tubing, packer & holddown. Swab tested. Started flowing. Resumed preduction.

8-20-65: 24 Hrs. Pumped 400 Bbls. water with trace of oil on 14-64" SPM.

9-3-65: 7 Hrs. Flowed 44 Bbls. eil, no water on 20/64" choke. TP 100#. Gas Vol. 71.44 MCF GOR 1615

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

SIGNED Dilicappe	TITLE District Superintendent	DATE	9-7-65
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE	