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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 17 1 02 PM '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.	

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 Amerada Petroleum Corporation		8. Farm or Lease Name J. R. Phillips	
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 4	
4. Location of Well UNIT LETTER B 1980 FEET FROM THE East LINE AND 660 FEET FROM THE North LINE, SECTION 1 TOWNSHIP 20S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Monument	
15. Elevation (Show whether DF, RT, GR, etc.) 3586' DF		12. County Lea	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Pull rods, pump and tubing. Run Gamma Ray Neutron log from 2500' to 3772'. Squeeze perfs. 3740' to 3767' with 75 sacks Incon cement. Perforate interval from 3650' to 3710' by logs. Run tubing, packer & helddown. Swab test. If necessary acidize with 500 gals. 15% NE acid. Swab test. If necessary frac with 10,000 gals. gelled water and 11,500# 20-40 sand. Swab test 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 District Superintendent DATE 8-13-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: