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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

MAY 13 9 14 AM '68

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-154
7. Unit Agreement Name
8. Farm or Lease Name State "D"
9. Well No. 1
10. Field and Pool, or Wildcat Monument
12. County Lea

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"/>
2. Name of Operator Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER D , 660 FEET FROM THE North LINE AND 3925 FEET FROM THE West LINE, SECTION 1 , TOWNSHIP 20-S , RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3590' DF

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 ☐
OTHER ☐

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.

Ran Gamma Ray-Neutron, Focused and Caliper logs. String shot open hole 3760' to 3890' with 300 and 500 grains per ft. Acidized open hole with 500 gals. 15% NE acid. Reran production equipment and resumed production. No change in producing status.

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

SIGNED [Signature] TITLE **District Superintendent**

DATE **5-9-68**

APPROVED BY [Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: