	<u>.</u>	
NO. OF COPIES RECEIVED	· ·	n
DISTRIBUTION	1	Form C-103 Supersedes Old
SANTA FE	NEW MENICO OIL CONSERVATION TO	C-102 and C-103
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	-	
	-	5a. Indicate Type of Lease
LAND OFFICE	· ·	State 📕 Fee
OPERATOR	_	5. State Oil & Gas Lease No.
		B-154
SUNDF	RY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PRO-	OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
		7. Unit Agreement Name
OIL GAS WELL	OTHER-	,
2. Name of Operator		8. Farm or Lease Name
Amanada Batus I	eum Corperation	5.1 Will of Lease Name
3. Address of Operator	sum corporation	State *D*
P.O. Box 668	Uabba Was Mand as	9. Well No.
	Hebbs, New Mexico	6
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER	1880 FEET FROM THE North LINE AND 1980 FEET FR	Menument Blinebry
	LINE AND FEET FF	ROM THEMSELV DILITEDLY
THE West	ION 1 TOWNSHIP 20-S RANGE 36-E NM	
CINE, SECTION	ON TOWNSHIP RANGE NM	PM. (
	15. Elevation (Show whether DF, RT, GR, etc.)	
		12. County
16.	Appropriate Box To Indicate Nature of Notice, Report or 6	Les
PERFORM REMEDIAL WORK TEMPORAR(LY ABANDON PULL OR ALTER CASING OTHER	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. CHANGE PLANS OTHER	ALTERING CASING PLUG AND ABANDONMENT
17. Describe Proposed or Completed Op	perations (Clearly state all pertinent details, and give pertinent dates, includ-	ing estimated date of starting any proposed
work) SEE ROLE 1103.	·	any proposed
Het eiled	tubing with eil & Parachek "F". Pulled reds,	. mimn
and tubin	ig. Reran tubing with packer. Squeesed perfs.	57001
te 5730°	with 150 bbls. heated lease crude mixed with	1) 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Parachek	"F". Acidized perfs. with 5000 gals. 15% Unis	nol noid
100 0# rec	k salt in 500 gals. brine water w/60# QF-3 add	ior gord
Sumbbed a	eid water. Reran reds, pump and tubing and re	194
nenduntie	n. No change in producing status.	18 UMP Q
be or en en	me we summike TH handrand arsans	

18. I hereby cerrify that the information above is true and complete to the best of my knowledge and belief. TITLE District Superintendent DATE 12-1-67

CONDITIONS OF APPROVAL, IF ANY: