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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-1656	
7. Unit Agreement Name	
8. Farm or Lease Name State "J"	
9. Well No. 3	
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 K , 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 2 TOWNSHIP 20S RANGE 36E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3601' 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
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.

Plan to load hole. Unseat packer and pull tubing. Make two runs with string shots of 300 and 500 grains per foot opposite the Grayburg oil zone in open hole from 3820' to 3920'. Run packer with sliding sleeve open. Swab until upper zone flows. Close sleeve. Acidize open hole with 1000 gals. 15% NE acid. Swab back acid. Displace 55 gals. Jet-Cote 60-2 mixed with 15 bbls. formation water into formation. Shut in 24 hrs. Swab test. If well does not flow, install pumping equipment and restore well to producing status.

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

SIGNED B. J. [Signature]

TITLE District Superintendent

DATE 11-10-66

APPROVED BY [Signature]

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: