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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

JUL 22 9 39 AM '68

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1936
7. Unit Agreement Name
8. Farm or Lease Name State "S"
9. Well No. 1
10. Field and Pool, or Wildcat Eunice
12. County Lea

SUNDY 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 N , 1980 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 2 TOWNSHIP 20-S RANGE 36-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3604' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <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.

**Pulled production equipment. Acidized 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 John A. Levenson TITLE District Engineer DATE 7-19-68
APPROVED BY John W. Runyon TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: