	~			
				Form C-103
NO. OF COPIES RECEIVED				Supersedes Old C-102 and C-103
DISTRIBUTION SANTA FE	NEW ME	XICO OIL CONSERVATION COMM	ISSION	Effective 1-1-65
FILE				In Indicate Type of Lagse
U.S.G.S.				5a. Indicate Type of Lease State Fee
LAND OFFICE			-	5. State Oil & Gas Lease No.
OPERATOR				
	SUNDRY NOTICES AND FOR PROPOSALS TO DRILL OR TAPPLICATION FOR PERMIT -" (FI	REPORTS ON WELLS o DEEPEN OR PLUG BACK TO A DIFFERENT POPPING C-101) FOR SUCH PROPOSALS.)	RESERVOIR.	7. Unit Agreement Name
I. OIL GAS WELL	OTHER-			8. Farm or Lease Name
Name of Operator				W. P. Byrd Batley 2
Amerada Petroleum Corporation				9. Well No.
P.O. Box 668 - Hebbs, New Mexico				5
4. Location of Well	, - 110000 acr	/		10. Field and Pool, or Wildcat
· •	19801 FEET FROM	M THE North LINE AND 19	PEET FROM	Monument
UNIT LETTER			v 10	
THE West LI	NE, SECTION	TOWNSHIP RANGE	NMPM.	
	TTTTTTT E Flower	ntion (Show whether DF, RT, GR, etc.)		12. County
		3567° DF		Lea
<u> </u>		To Indicate Nature of Notic	e Report or Oth	ner Data
10.	Check Appropriate Box	10 Indicate Nature of Notice	SUBSEQUENT	REPORT OF:
NOTIC	E OF INTENTION TO:			
	PLU	G AND ABANDON REMEDIAL WORK	X	ALTERING CASING
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	<u>.</u>	COMMENCE DRILLI	ING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHA	NGE PLANS CASING TEST AND	CEMENT JOB	
	-	OTHER		
OTHER				
The state of the s	mpleted Operations (Clearly st	ate all pertinent details, and give perti	inent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.				
Squeezed OH 378	?! to 3820! w/100 (rem 3760! to 3764! and oil fraced with	a Gamma Hay Neutron log. macks Incer Class "G" co with two shots per foot a 6500 gals. ref. oil &	Acidized	perfs. with 1000 gals.
		N. W	4 63 21 RW A	n 15-54" SPM. GOR 1223
Test prier to W	orkever - 5-2-65:	24 Hrs. Pumped 2.76 BO	- 4742H DR 4	The second second second second
	4 of tr. 91	Ers. Flowed 41.34 BO &	10.33 BW en	3/4" cheke. TP 60#.
Test After Work	1 1 (0-0)-0 - 18 40	Vol. 89.782 NCF GC	DR 2172.	 -
	Visit	, 1021 0,0100 000	•	
			15-12-6	
18. I hereby certify that the	e information above is true and	complete to the best of my knowledge	and belief.	
				DATE Jum 29, 1965
HICA	ppe	TITLE District Supe	LTERENGENE	DATE

CONDITIONS OF APPROVAL, IF ANY: