NO. OF COPIES RECEIVED	The state of the s	Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION . C.	C-102 and C-103 Effective 1-1-65
FILE	THE MEXICO OIL CONCERT ANION COMMISSION	Fliedrice 1-1-03
U.S.G.S.	SEP 3 11 5% 3M '66	5a. Indicate Type of Lease
LAND OFFICE	OFF 0 11 00 111 00	State X Fee
OPERATOR	 	5. State Oil & Gas Lease No.
		B –1 1296
	LINIDRY MOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM USE **A	UNDRY NOTICES AND REPORTS ON WELLS FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. PPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1.	(Form Color) For Such Proposals.)	7. Unit Agreement Name
OIL GAS WELL	OTHER. T.A.	-
2. Name of Operator		8. Farm or Lease Name
Amerada Petro	leum Corporation	State WE "D"
3. Address of Operator	7	9. Well No.
P.O. Box 668	- Hobbs, New Mexico	4
4. Location of Well	none in the state of	10. Field and Pool, or Wildcat
T	. 1980 FEET FROM THE South LINE AND 660 FEET FROM	Eumont
UNIT LETTER	, 1900 FEET FROM THE DOUGH LINE AND OOU FEET FROM	
Wast.	, SECTION 27 TOWNSHIP 20-S RANGE 36-E NMPM.	
THE LINE	, SECTION 21 TOWNSHIP 20-5 RANGE 50-E NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3586° DF	I.ea ())))))
¹⁶ .		
	neck Appropriate Box To Indicate Nature of Notice, Report or Oth	
NOTICE	OF INTENTION TO: SUBSEQUENT	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB OTHER Temporarily abase	ndoned
	OTHER TEMPORALLY ADA	idoned
OTHER		
	eted Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1 103.		
	·	
FOR RECOR	D ONLY - To advise this well is still closed in and	temporari lu
1 of 1000 to other - 10 extraction with work to party of open the wife sembolating		
abandoned with no other plans at this time.		
dediction aton no denot brane as entre office		
	•	
		**
	The state of the s	
18. I hereby certify that the info	rmation above is true and complete to the best of my knowledge and belief.	
0. 0	,	
SIGNED D. Ja	TITLE District Superintendent	DATE 9-7-66
	TITI 6	DATE

CONDITIONS OF APPROVAL, IF ANY: