| NO. OF COPIES RECEIVED                    |  |  | Form C-103                                 |
|---|--|--|--|
| DISTRIBUTION                              | HUBBS UEEK   | FOCC                                     | Supersedes Old<br>C-102 and C-103          |
| SANTA FE                                  | HUBBS OFFIC  | ERVATION COMMISSION                      | Effective 1-1-65                           |
| FILE                                      | W. 7 0 -   | . 44 100                                 |  |
| U.S.G.S.                                  | Mar 7 8 1  | 4 117 66                                 | 5a. Indicate Type of Lease                 |
| LAND OFFICE                               | -<br>-   |  | State <b>FBD.</b> Fee.                     |
| OPERATOR                                  |  |  | 5. State Oil & Gas Lease No.               |
| 0. 2                                      |  |  |  |
| CLUDE                                     | W MOTICES AND DEPORTS ON   | INC. 1 C                                 |  |
| SUNDK<br>(DO NOT USE THIS FORM FOR PRO    | RY NOTICES AND REPORTS ON OPOSALS TO DRILL OR TO DEEPEN OR PLUG BY | WELLS ACK TO A DIFFERENT RESERVOIR.      |  |
|   | ION FOR PERMIT -** (FORM C-101) FOR SUCI                           | H PROPOSALS.)                            | 7. Unit Agreement Name                     |
| l. OIL GAS                                | • •  |  | , can rigidoment rame                      |
| WELL WELL                                 | OTHER- T. A.   |  | 8, Farm or Lease Name                      |
| 2. Name of Operator                       |  |  |  |
| Amerada Petroleum Corporation             |  |  | Federal "D"                                |
| 3. Address of Operator                    |  |  | 9. Well No.                                |
| P. O. Box 668 -                           | Hobbs, New Mexico  |  | 11   |
| 4. Location of Well                       |  |  | 10. Field and Pool, or Wildcat             |
| UNIT LETTER H                             | 1980 FEET FROM THE North   | LINE AND 660 FEET FRO                    | <b>Eumont</b>                              |
| UNIT CELLER                               | FEET FROM 192  |  |  |
| <b>Z</b> est                              | ON   | RANGE 36E NMPH                           |  |
| THE LINE, SECT!                           | ON TOWNSHIP  | RANGE NMPH                               |  |
| mmmmm                                     | 15. Elevation (Show whether  | DF, RT, GR, etc.)                        | 12. County                                 |
|   | 3615' DF   |  | Lea  |
|   |  |  |  |
| Check                                     | Appropriate Box To Indicate N                                      | ature of Notice, Report or O             | ther Data                                  |
| NOTICE OF I                               | NTENTION TO:   | SUBSEQUEN                                | IT REPORT OF:                              |
|   |  |  |  |
| PERFORM REMEDIAL WORK                     | PLUG AND ABANDON   | REMEDIAL WORK                            | ALTERING CASING                            |
| TEMPORARILY ABANDON                       |  | COMMENCE DRILLING OPNS.                  | PLUG AND ABANDONMENT                       |
| i i i i i i i i i i i i i i i i i i i     | CHANGE PLANS   | CASING TEST AND CEMENT JOB               |  |
| PULL OR ALTER CASING                      | CHARGE   | OTHER Temporarily                        | abandoned X                                |
|   | <u></u>  | OTHER                                    |  |
| OTHER                                     |  |  |  |
| 17 Describe Proposed or Completed O       | perations (Clearly state all pertinent deta                        | ils, and give pertinent dates, including | ng estimated date of starting any proposed |
| work) SEE RULE 1103.                      |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| FOR RECORD ONLY - To                      | o advise this well is sti  | .ll closed in and tempo                  | rarily                                     |
|   |  |  |  |
| al  | bandoned with no other pl  | ans at this time.                        |  |
| <b>—</b>                                  |  | •  |  |
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| 18. I hereby certify that the information | n above is true and complete to the best                           | of my knowledge and belief.              |  |
| 0 1                                       |  |  |  |
| 11/1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1  |  |  |  |
| SIGNED MIST. CA . 7                       | (  |  | 2.1.66                                     |
| 310/125                                   |  | strict Superintendent                    | DATE                                       |
| 5101115                                   | TITLE Die  | strict Superintendent                    | DATE                                       |
|   | TITLE Die  | strict Superintendent                    |  |

CONDITIONS OF APPROVAL, IF ANY: