NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMIS	C-102 and C-103 SSION Effective 1-1-65
FILE		
U.S.G.S.	SEP 2 1 02 PH 35	5a. Indicate Type of Lease
		State Fee
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPO USE "APPLICATION 1.	NOTICES AND REPORTS ON WELLS DEALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RE N FOR PERMIT -*** (FORM C-101) FOR SUCH PROPOSALS.)	ESERVOIR.
OIL GAS WELL	OTHER- T. A.	
2. Name of Operator		8. Farm or Lease Name
Amerada Petroleum	Corporation	Federal "D"
3. Address of Operator		9. Well No.
P. O. Box 668 - He	bbs, New Mexico	11
4. Location of Well		10. Field and Pool, or Wildcat
17 4	000 N. I.)	//
	you North (	b60 Busont
UNIT LETTER	980 FEET FROM THE North LINE AND	560 Eumont
	28 TOWNSHIP RANGE	
	28 TOWNSHIP 205 RANGE	36E
	28 TOWNSHIP 208 RANGE	<u>36Е</u> 12. County
THELINE, SECTION	28 <u>208</u> RANGE 15. Elevation (Show whether DF, RT, GR, etc.) 3615' DF	<u>36Е</u> 12. County 
THELINE, SECTION	28 TOWNSHIP 208 RANGE	<u>36Е</u> 12. County 
THELINE, SECTION	28 205 TOWNSHIP 205 IS. Elevation (Show whether DF, RT, GR, etc.) 3615' DF propriate Box To Indicate Nature of Notice,	<u>36Е</u> 12. County 
THELINE, SECTION,	28 205 TOWNSHIP 205 IS. Elevation (Show whether DF, RT, GR, etc.) 3615' DF propriate Box To Indicate Nature of Notice,	36E NMPM. 12. County Lea Report or Other Data
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THE ELINE, SECTION	28 205 RANGE	363 NMPM. 12. County 12. Cou
THE LINE, SECTION	28 TOWNSHIP 20S RANGE	362 NMPM. 12. County 12. Cou
THE LINE, SECTION	28 205   15. Elevation (Show whether DF, RT, GR, etc.)   3615' DF   opropriate Box To Indicate Nature of Notice,   ENTION TO:   PLUG AND ABANDON   CHANGE PLANS	362 NMPM. 12. County 12. Cou
THE LINE, SECTION	28 205   15. Elevation (Show whether DF, RT, GR, etc.)   3615' DF   opropriate Box To Indicate Nature of Notice,   ENTION TO:   PLUG AND ABANDON   CHANGE PLANS	362 NMPM. 12. County 12. Cou

work) SEE RULE 1103.

## FOR RECORD ONLY: To advise this well is still closed in and temperarily

## ahandoned with no other plans at this time.

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

SIGNED D. C. Cappe	TITLE District Superintendent	DATE9-1-65
APPROVED DE CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE