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NEW MEXICO OIL CONSERVATION COMMISSION

DUPLICATE

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name Ida White
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico		9. Well No. 2
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 35 TOWNSHIP 20S RANGE 36E NMPM.		10. Field and Pool, or Wildcat Ement
15. Elevation (Show whether DF, RT, GR, etc.) 3576' DF		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Plan to:

Acidize perforations with 1000 gals. 15% NE acid with stabilizing agent added.
Pump back acid water and mix 35 gals. Halliburton Scalecheck LP-53 with 85 bbls.
formation water. Pump down casing followed with 15 bbls. lease crude for flush.
Resume production.

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>8-11-66</u>
APPROVED BY <u></u> TITLE <u></u> DATE <u></u>		
CONDITIONS OF APPROVAL, IF ANY:		