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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-4096

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 -" (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 State "K"
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 19S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Monument
15. Elevation (Show whether DF, RT, GR, etc.) 3617' DF	12. County Lee

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <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 1108.

Pulled rods, pump and tubing. Cleaned out OH from 3866' to 3876'. String shot OH from 3820' to 3875' with 300 grains & 500 grains per foot. Ran tubing and acidized 6-1/4" OH from 3815' to 3880' with 1000 gals. 15% NE acid. Ran rods and pump and resumed pumping. No change in producing status.

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

SIGNED **B. J. Biny** TITLE **District Superintendent** DATE **5-17-67**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: