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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.
1533-1/2

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name State "0"
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 19S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Monument
11. Elevation (Show whether DF, RT, GR, etc.) 3634' DF	12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 JOB <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 1103.

Pulled rods, pump and tubing. Ran Gamma Ray Neutron & Focused log. Shot 5-7/8" open hole from 3842' to 3874' with 300 grains and 500 grains per foot respectively. Ran tubing, packer and holddown. Acidized 5-7/8" open hole from 3842' to 3874' with 500 gals. 15% reg. NE acid. Swabbed. Well started flowing.

Test prior to workover - 6-4-65: 24 Hrs. Pumped 19.46 BO & 2.65 BW on 12-42" SPM. gas vol. 44.34 MCFPD GOR 228

Test after workover - 6-30-65: 7 Hrs. Flowed 40 BO & 26 BW on 24/64" choke. TP 50 to 120#. Gas Vol. 51,100 Cu. Ft. GOR 1278

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

SIGNED <i>[Signature]</i>	TITLE District Superintendent	DATE 7-1-65
APPROVED BY <i>[Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		