

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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

NEW MEXICO OIL CONSERVATION COMMISSION

SEP 5 11 45 AM '68

5a. Indicate Type of Lease  
State  Fee

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 -" (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 <b>Amerada Petroleum Corporation</b>	8. Farm or Lease Name <b>D. F. Larsen</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	9. Well No. <b>3</b>
4. Location of Well UNIT LETTER <b>B</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>32</b> TOWNSHIP <b>19-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Monument</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3590' DF</b>	12. County <b>Lea</b>

16. 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 and pump. Acidized open hole with 15% acid and swabbed. Reran production equipment and resumed production. 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 [Signature] TITLE **Asst. Dist. Supt.** DATE **9-5-68**

APPROVED BY [Signature] TITLE **COMMISSIONER** DATE **SEP 5 1968**

CONDITIONS OF APPROVAL, IF ANY: