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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>B-1626</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>State "v"</b>	
9. Well No. <b>2</b>	
10. Field and Pool, or Wildcat <b>Monument</b>	
12. County <b>Lea</b>	

**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"/>	2. Name of Operator <b>Amerada Petroleum Corporation</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</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>West</b> LINE, SECTION <b>36</b> TOWNSHIP <b>19-S</b> RANGE <b>36-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3616' DF</b>	

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
OTHER ☐

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 from 3798' to 3843' with 500 gallons 15% NE acid. Pulled tubing and packer. Ran rods and pump 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 District Superintendent DATE 4-26-68  
APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_