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

NEW MEXICO OIL CONSERVATION COMMISSION

Sep 27 8 15 AM '65

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 ☐   GAS WELL ☐   OTHER- **Temporarily Abandoned**

7. Unit Agreement Name

2. Name of Operator

Amerada Petroleum Corporation

8. Farm or Lease Name

J. G. Hare

3. Address of Operator

P. O. Box 668 — Hobbs, New Mexico

9. Well No.

5

4. Location of Well

UNIT LETTER **K** , **1980** FEET FROM THE **West** LINE AND **1980** FEET FROM

THE **South** LINE, SECTION **33** TOWNSHIP **21S** RANGE **37E** NMPM.

10. Field and Pool, or Wildcat

Hare

15. Elevation *(Show whether DF, RT, GR, etc.)*

3456' 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 ☒   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Plan to pull rods, pump and tubing. Run Gamma Ray Neutron log from 2700' to TD. Set cast iron bridge plug at 7335' and dump one sack cement on top. Perforate Blinebry interval from approximately 5490' to 5924' with an estimated 22 holes picked from Gamma Ray Neutron log. Treat perforations with 1000 gals. NE acid using ball sealers. Swab back acid water and sand oil frac with 30,000 gals. refined oil and 31,500# 20-40 sand in 3 equal stages. Rerun 2-3/8" tubing and packer. Swab test and put well on production. This well was T. A. 3-10-65.

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

SIGNED _____   TITLE **District Superintendent**   DATE **9-24-65**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: