

NEW MEXICO OIL CONSERVATION COMMISSION

AUG 29 23 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 <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 J. G. Hare
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico	9. Well No. 6
4. Location of Well UNIT LETTER L , 3300 FEET FROM THE North LINE AND 4520 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Wantz Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3452' - GR	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" 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.

Propose to close valves on well head and temporarily abandon pending future workover.
It is no longer economical to produce this well.

Test of 7-28-65, pumped 0 oil and 160 bbls. water in 24 hours on 10-64" SPM.

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

SIGNED A.C. La Roche TITLE District Superintendent DATE 7-30-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: