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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 27 9 43 AM '66

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. E-392
7. Unit Agreement Name
8. Farm or Lease Name State WE "B"
9. Well No. 3
10. Field and Pool, or Wildcat Emont
12. County Lea

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 Amerada Petroleum Corporation
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 21S RANGE 35E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3565' DF

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

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/>
PLUG AND ABANDONMENT <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.

Pull rods and pump. Acidize perforations 3798' to 3856' with 1500 gals. 15% NE acid with stabilizing agent added. Swab test. Run rods and pump. Resume production.

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

SIGNED D. C. Ca TITLE District Superintendent DATE 2-24-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: