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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 24 11 08 AM '67

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-393	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Amerada Petroleum Corporation		8. Farm or Lease Name State NE "T"
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 3
4. Location of Well UNIT LETTER K , 3225.5 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 21-S RANGE 35-E NMPM.		10. Field and Pool, or Wildcat Eument
15. Elevation (Show whether DF, RT, GR, etc.) 3564' DF		12. County Lea

16. 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 ☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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, pump and tubing. Checked bottom at 3852'. Ran sand pump with no recovery. String shot perfs. from 3822' to 3852' with 100 grains and 300 grains per ft. of pay respectively. Ran tubing and acidized perfs. from 3822' to 3852' with 1000 gals. 15% HCl acid. Ran rods and pump and resumed pumping.

NOTE: 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 B. J. King TITLE District Superintendent DATE 7-24-67
APPROVED BY Joe L. King TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: