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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-1040</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"/>	7. Unit Agreement Name
2. Name of Operator <b>Amerada Petroleum Corporation</b>	8. Farm or Lease Name <b>State D"C"</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>F</b> <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1876</b> FEET FROM THE <b>West</b> LINE, SECTION <b>19</b> TOWNSHIP <b>21-S</b> RANGE <b>37-E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Penrose Skelly Grayburg</b>
11. Elevation: Show whether DF, RT, GR, etc. <b>3518' DF</b>	12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input 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"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <b>Convert to flowing oil well</b>

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.

**Production status changed from natural flowing oil well to oil well flowing by Gas Lift.**

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

SIGNED *[Signature]* TITLE **Dist. Superintendent** DATE **1-15-69**

APPROVED BY *[Signature]* TITLE  DATE

CONDITION OF APPROVAL, IF ANY: