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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-1040
7. Unit Agreement Name
8. Farm or Lease Name State D "C"
9. Well No. 2
10. Field and Pool, or Well Unit Paddock
11. 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 E 2310 FEET FROM THE North LINE AND 886.4 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 21S RANGE 37E AMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3521' DF

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Squeezed 2-7/8" casing perfs. from 5188' to 5192' with 35 sacks Latex Incor Class "C" cement. Drilled out to 5188'. Perforated 2-7/8" casing with one jet shot at 5184', 5185' and 5186'. Acidized with 100 gals. 15% MCA acid. Swab tested. Reacidized with 500 gals. 15% NE acid. Swab tested. Reacidized with 2000 gals. CRA acid. Swab tested. Ran tubing, packer and flow valves. Started flowing by gas lift.

NOTE: This zone T.A. when well was completed 2-24-64.

Test of 3-20-65: 24 Hrs. Flowed 13.83 BO & 13.83 BW on 3/4" choke. TP 200#. Injecting gas 3 mins. each 1/2 hr. Gas Vol. 21.952 MCFPD GOR 1587.

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

SIGNED *[Signature]* TITLE District Superintendent DATE March 25, 1965

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____