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NEW MEXICO OIL CONSERVATION COMMISSION
OFFICE OF THE O. C. C.

JUN 19 1 06 PM '68

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. OG-534

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.)

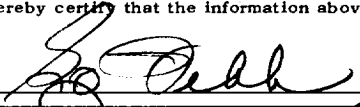
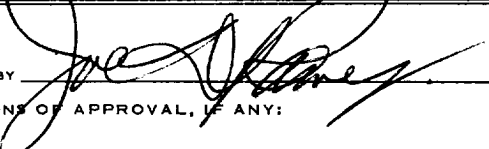
1. OIL <input type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL OTHER- 2. Name of Operator Amerada Petroleum Corporation 3. Address of Operator P. O. Box 668 - Hobbs, New Mexico 4. Location of Well UNIT LETTER F 1980 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 15 TOWNSHIP 21-S RANGE 35-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3615' DF	7. Unit Agreement Name 8. Farm or Lease Name State WE "K" 9. Well No. 1 10. Field and Pool, or Wildcat South Osudo-Morrow 12. County Lea
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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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER Temporarily Abandon <input checked="" 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.

**Close in and temporarily abandon Wolfcamp Gas Zone effective 6-18-68.
Will continue producing Morrow Gas Zone.**

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

SIGNED  TITLE **District Superintendent** DATE **6-18-68**
APPROVED BY  TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: