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HOBBS OFFICE  
NEW MEXICO OIL CONSERVATION COMMISSION  
JAN 7 1 32 PM '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. <b>B-1431</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 type="checkbox"/> GAS WELL <input checked="" 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 LM "T"</b>
3. Address of Operator <b>P. O. Box 668 - Hobbs, New Mexico</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>36</b> TOWNSHIP <b>238</b> RANGE <b>36E</b> NMPM.	10. Field and Pool, or Wildcat <b>Jalmt</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3327' DF</b>	12. County <b>Lea</b>

### 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 **Temporarily Abandon** ☒  
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.

**Closed all valves and temporarily abandoned.  
Well was reclassified from an oil well to a gas well off. 7-1-65 due to high GOR test.  
Well was closed in off. 7-1-65.**

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

SIGNED <b>D.C. La P...</b>	TITLE <b>District Superintendent</b>	DATE <b>1-6-66</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		