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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 type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 Amerada Petroleum Corporation		7. Unit Agreement Name Woolworth Unit Tr. 5
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		8. Farm or Lease Name
4. Location of Well UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 24-S RANGE 37-E NMPM.		9. Well No. 1
15. Elevation (Show whether DF, RT, GR, etc.) 3212' GL		10. Field and Pool, or Wildcat Langlie Mattix
		12. County Lea

16.

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

NOTICE OF INTENTION TO:

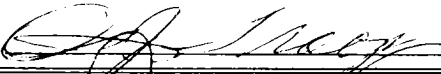
SUBSEQUENT REPORT OF:


PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Pulled production equipment. Cleaned out from 3508' to 3574'. Deepened well from 3574' to 3610'. Ran Gamma Ray-Neutron log. Acidized with 500 gals. 15% NE acid. Reran production equipment and resumed production. 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  TITLE Asst. Dist. Supt. DATE 9-17-68

APPROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: