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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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <b>T. A.</b>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
<b>Amerada Petroleum Corporation</b>		
3. Address of Operator		9. Well No.
<b>P.O. Box 668 - Hobbs, New Mexico</b>		<b>1</b>
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <b>G</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM		<b>Langlie Mattix</b>
THE <b>East</b> LINE, SECTION <b>34</b> TOWNSHIP <b>24-S</b> RANGE <b>37-E</b> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		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 JOBS <input type="checkbox"/>	
OTHER <b>Temporarily Abandon</b> <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.

**FOR RECORD ONLY: Temporarily abandoned with no other plans at this time.**

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

SIGNED *W. L. J. [Signature]* TITLE **District Superintendent** DATE **7-1-65**

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: