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(o) 1

NEW MEXICO OIL CONSERVATION COMMISSION
HOBBS OFFICE O. C. C.

MAY 20 9 15 AM '68

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐   Fee ☒
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 ☒   GAS 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 __C__ , __990__ FEET FROM THE __North__ LINE AND __1650__ FEET FROM

THE __West__ LINE, SECTION __25__ TOWNSHIP __25-S__ RANGE __37-E__ NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Ida Wimberley

9. Well No.

17

10. Field and Pool, or Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*

3073' DF

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER _____	☐
OTHER _____	☐		

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 tubing. Ran Gamma Ray-Neutron log and perforate 4-1/2" casing
selectively from 4964' to 5343' with 39 holes. Acidized perforations
from 4964' to 5432' with 2000 gals. 15% NE acid and frac with 120,000
gals. gelled brine water, 180,000# 20-40 sand and 13,400# rock salt
down 4-1/2" casing in 6 stages as determined by Cardinal Chemical Co.
Temp-Trol method. Ran 2-3/8" tubing. Swabbed and resumed production.
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 __District Superintendent__   DATE __5-17-68__

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: