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NEW MEXICO OIL CONSERVATION COMMISSION

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

10. 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection well	7. Unit Agreement Name Langlie Mattix Woolworth Unit Tract 3
2. Name of Operator Amerada Petroleum Corporation	8. Farm or Lease Name
3. Address of Operator P.O. Box 668 - Hobbs, New Mexico	9. Well No. 8
4. Location of Well UNIT LETTER J , 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 24S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3228' 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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

Plan to pull tubing & packer. Drill out cement from 3648' to 3680'. Perforate 4-1/2" casing from 3589' to 3593', 3607' to 3610', 3614' to 3642', 3645' to 3652' and 3654' to 3666' with 2 shots per foot. Run tubing with packer and set at 3580'. Acidize perforations from 3589' to 3666' with 500 gals. 15% FE acid. Reset packer at 3428' and resume injection.

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

SIGNED <u>[Signature]</u>	TITLE <u>Asst. Dist. Supt.</u>	DATE <u>8-16-66</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		