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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		8. Farm or Lease Name W. F. Stuart	
3. Address of Operator P. O. Box 668 - Hobbs, New Mexico		9. Well No. 1	
4. Location of Well UNIT LETTER <u>F</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>25S</u> RANGE <u>37E</u> N.M.P.M.		10. Field and Pool, or Wildcat Justis Blinbry	
15. Elevation (Show whether DF, RT, GR, etc.) 3126' DF		12. County Lea	

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING CPNS. <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"/>	OTHER <u>Change producing status</u> <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.

Producing status changed from flowing oil well to pumping oil well. 3-13-69

NAME CHANGE
AMERADA HESS CORPORATION
TO AMERADA DIVISION, AMERADA HESS CORPORATION
EFFECTIVE OCT 1, 1969

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

SIGNED D. O. Webb TITLE District Superintendent DATE March 14, 1969

APPROVED BY John W. Runyan TITLE 1065 DATE 13 1969

CONDITIONS OF APPROVAL, IF ANY: