STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
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O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-7

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-
7. Unit Agreement Name
2. Name of Operator: Amoco Production Company ✓
8. Farm or Lease Name: Pardue Farms Gas Com
3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240
9. Well No.: 1
4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 23-S RANGE 28-E NMPM.
10. Field and Pool, or Wildcat: S. Culebra Bluff Atoka
15. Elevation (Show whether DF, RT, GR, etc.): 3012.4' GL
12. County: Eddy

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK XX	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.

Propose to inspect tubing and replace if necessary per the following method:

Kill the well with a maximum of 20 bbl water. Pull tubing and packer. Inspect tubing for signs of collapse 2-3 joints above packer. Replace tubing if necessary. Run 2-7/8" tubing with seating nipple on bottom to 11484'. Put standing valve in well. Swab and pump test to evaluate production. Retrieve standing valve and return the well to production.

O+4-NMOCD,A 1-HOU 1-SUSP 1-CLF

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 11-16-82

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE DATE NOV 23 1982

CONDITIONS OF APPROVAL, IF ANY: