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LAND OFFICE		
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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  Fee   
5. State Oil & Gas Lease No.  
**A-1212**

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER-  
2. Name of Operator  
**AMOCO PRODUCTION COMPANY**  
3. Address of Operator  
**BOX 367, ANDREWS, TEXAS 79714**  
4. Location of Well  
UNIT LETTER **M** . **990** FEET FROM THE **SOUTH** LINE AND **990** FEET FROM  
THE **WEST** LINE, SECTION **5** TOWNSHIP **19-S** RANGE **38-E** NMPM.  
7. Unit Agreement Name  
8. Farm or Lease Name  
**STATE A**  
9. Well No.  
**21**  
10. Field and Pool, or Wildcat  
**HOBBS GSA**  
15. Elevation (Show whether DF, RT, CR, etc.)  
**3628' R.D.B**  
12. County  
**La**

16. 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 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"/>	OTHER <b>Well Status</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 1703.

WELL STATUS: **Shut-In**  
DATE S-I on T-A: **2/72**  
REASON: **Uneconomical to produce due to high-water-oil-ratio.**  
PLANS: **To become an injection well and will be converted during last quarter, 1975.**

**Expires 10/1/75**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNED **Roy R. Yoakum** TITLE **ADMINISTRATIVE ASSISTANT** DATE **OCT 21 1974**

0-2 NMOCC-14  
1-DIV  
APPROVED BY  
1-503P  
CONDITIONS OF APPROVAL, IF ANY:  
1-221

Orig. Signed by  
**Joe D. Perry**  
Dist. by copy.