		•				
NO. OF COPIES RECEIVED				•		Form C-103
DISTRIBUTION		•				Supersedes Old C-102 and C-103
SANTA FE		NEW MEXICO	OIL CONSI	RVATION COMMISSION		Effective 1-1-65
FILE				:	Г	5a. Indicate Type of Lease
U.S.G.S.	1			;		State Fee
LAND OFFICE	1-1				ŀ	5. State Oil & Gas Lease No.
OPERATOR				•	į	A-1212
			DTC 011	WELL C		mminimm
(DO NOT USE THIS F	COL FOR PROPE	NOTICES AND REPOSALS TO DELLE OR TO DEEPEN FOR PERMIT -" (FORM C-1	N OR PLUG BA	ICK IO A DIFFERENI RESERVOI	B.,	7. Unit Agreement Name
OIL GAS	L. 🗆	OTHER•				
2. Name of Operator						8. Farm or Lease Name
AMOCO PRODUCTION COMPANY						9. Well No.
BOX 367, ANDREWS, TEXAS 79714						3
4. Location of Well	112110, 1	LAAS /3/14	/			10. Field and Pool, or Wildcat
E	18	00 FEET FROM THE	DRAI	LINE AND <u>990</u>	_SEET FROM	HOBBS GSA
UNIT LETTER	,			• -		
THE WEST	LINE, SECTION		<u>, 19.5</u>		NMPM.	
······································	m	12)	au whathar	DF, RT, GR, etc.)		12. County
		15. Elevation (5%	ow whether	or, m, on, enc.		LEA
16.	Choole A	prespriete Boy To I	dicate N	ature of Notice, Rep	or Oth	er Data
NOT		ppropriate box to h TENTION TO:	idicate iv			REPORT OF:
NO 1	.02 01 111					
PERFORM REMEDIAL WORK	7	PLUG AND AB	ANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	Ħ			COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
PULL OR ALTER CASING		CHANGE PLAN	15	CASING TEST AND CENERY	ge	
			-	OTHER	DILL	<i>'UI</i>
OTHER						
15 Describe Described on C	Completed One	rations (Clearly state all r	ertinent det	rils, and give pertinent date	s. including	estimated date of starting any proposed
work) SEE RULE 1103		adding (Cicary state are p		B P	-•	, , , , , , , , , , , , , , , , , , , ,
		Shut.	0			
WELL STAT	rus:	smu.				
7) S-T	• •	TA: 3-7	0		_	
DATE SI	on	TA: 3-7			•	
		0-1				
REASON:	uneco	nomical ti	pri	auce.		
			V			•
· 🕤	inell	i. t. 10	Q 1000 11	ested to	unter	injection
PLANS 4	WILL	No No Me	eoron			
PLANS, WILL is to be converted to water injection suring last quarter 1975.						
	i	y min				
			٠, ٠			
		VAILOR	(///	1175		
	\mathcal{L}	xpires				
	_		,			
18. I hereby certify that th	e information	above is true and complete	to the best	of my knowledge and belief.	•	
Loss,	\mathcal{L}	1 - 1 - 1	Λſ	MINISTRATIVE ASSIS	TANT	OCT 21 1974
SIGNED	$X \cup A$	bakum	TITLE			
O.2 NMOCC. # ?						W. Ni
1- DIV	•	Oh. Simil H				
1-SUSP			TITLE			_ DATE
CONDITIONS OF APPRO	VAL, IF ANY	:				