NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

MAY 7 9 24 AM '69

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

5a. Indicate Type of Lease: State [X] 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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- DRY HOLE

7. Unit Agreement Name

2. Name of Operator
PAN AMERICAN PETROLEUM CORPORATION

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

8. Farm or Lease Name
STATE A-2 R/A A

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
34

4. Location of Well
UNIT LETTER A, 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
WILDCAT

15. Elevation (*Show whether DF, RT, GR, etc.*)
3620' R.D.B.

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [X]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER TEMPORARILY ABANDON [X]		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 temporarily abandon well as follows:
- Spot 25 sx cement plug (across perfs 5388-5392) from 5450-5250.
- Cut + pull 5½" casing from free point. If below 9⅝" CSA 4354. Spot 35 sx In + out of 5½" stub and 35 sx In + out of 9⅝" CSA 4354. If above 4354, spot only 35 sx In + out of 5½" stub.
- Close well head valves and TEMPORARILY ABANDON.

To remain in this status pending possible use as a replacement well.

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE MAY 6 1969

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

O+G - NMOCC-H
1 - ASW
1 - DSP
1 - Rky