

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
L-6942

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68, Hobbs, NM 88240 4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>20-S</u> RANGE <u>35-E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name State LL 9. Well No. 1 10. Field and Pool, or Whdeat Und. West Osudo Morrow 11. Elevation (Show whether DF, RT, GR, etc.) 3654.0 GL 12. County Lea
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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 checked="" 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 JOBS <input 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.

Moved out service unit 12-14-81 (DA&S #289). Tested casing to 1000 PSI. Tested OK.
Currently cleaning out hole.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

SIGNED Mark Sexton TITLE Assist. Admin. Analyst DATE 12-29-81
Original Signed by
Jerry Sexton
Dist. L. Supv.
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: