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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.

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-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name SOUTHLAND ROYALTY A
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 5
4. Location of Well UNIT LETTER Q 660 FEET FROM THE EAST LINE AND 1980 FEET FROM THE SOUTH LINE, SECTION 4 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat BLINEBRY GAS
15. Elevation (Show whether DF, RT, GR, etc.) 3483' R. D. B.	12. County LEA

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER ISOLATION OF DRINKARD ZONE
FORMERLY - DOWNHOLE COMMINGLED

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.

Work performed to isolate Drinkard zone as follows:

Ran Baker model D Packer & set @ 6440'
Ran 2 7/8" Tubing w/:
Sliding sleeve @ 5734' (opposite Blinebry zone)
Seal assembly set in packer @ 6440'
Tubing landed @ 6440' w/ Tubing Stop set in Section ... @ 6440'
(To close off Drinkard)
Evaluated Blinebry -
Test - Flowed 18 GPD x 8 BW x 603 MCF/G 24 HR.
TPF-140, CPC-260, GOR, 33500.

TD- 6756'
PBD- 6610'

5 1/2" CSA 6756'

BLINEBRY 5684-5898 VARIOUS.

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

SIGNED Roy R. Yorkum ADMINISTRATIVE ASSISTANT DATE NOV

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
HS09 P
1-R16