

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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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.

LG-7965

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 ☐	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name State SA
3. Address of Operator P. O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>17-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Und. San Andres</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3890.7' GL</u>	12. County <u>Lea</u>

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Pump test S/A</u> ☒

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.

Commenced pump testing San Andres 3-19-86. Tested 14 days and recovered 70 BBL. Last 24 hrs recovered 180 X 92 BW X 6 MCF. Left well shut-in. Operations completed 4-12-86 as a shut-in oil well.

0+5 NMOC-D- 1-JRB 1-FJN 1-CMH

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

SIGNED Charles M. Herring

TITLE ADMINISTRATIVE ANALYST (SG)

DATE 4-14-86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE _____

DATE APR 22 1986

CONDITIONS OF APPROVAL, IF ANY: