

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

1-27569 01
090, 7/25/97

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-07595

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
A-1212-1

7. Lease Name or Unit Agreement Name
SOUTH HOBBS (GSA) UNIT

8. Well No.
60

9. Pool name or Wildcat
HOBBS; GRAYBURG-SAN ANDRES

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. BOX 4891, HOUSTON, TEXAS 77210 ATTN: T G TULLOS, M/C 17.166

4. Well Location
Unit Letter P : 760 Feet From The SOUTH Line and 990 Feet From The EAST Line
Section 3 Township 19 Range 38 NMPM LEA Country

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3615 RDB

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

7/23/97 TAG CIBP @ 4030'.
7/24/97 CIRC HOLE W/MLB.
7/24/97 CAP CIBP W/25 SXS CMT (PLUG #1 4030'-3719').
7/24/97 SPOT 25 SXS CMT @ 1684' (PLUG #2 1684'-1443').
7/24/97 SHOT 4 HOLES @ 358'.
7/24/97 SET NET @ 258'; CIRC 200 SXS CMT TO SURF.
7/24/97 CUT OFF WELL HEAD.
7/24/97 INSTALL DRY HOLE MARKER.

COPY

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

SIGNATURE Marc L. Neatherlin TITLE P&A SUPERVISOR

TYPE OR PRINT NAME MARC L. NEATHERLIN

DATE 8/4/97

(This space for State Use)

TELEPHONE NO. 505-392-6969

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE