STALE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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|--------------------------|---|--|
| DISTRIBUTION | | |
| BANTA FE | | |
| FILE | 1 | |
| U.1.G.1, | | |
| LAND OFFICE | | |
| SPERATOR | | |

OIL CONSERVATION DIVISION

| DISTRIBUTION 3ANTA FE FILE | P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 | | Form C-103 - Revised 10-1-7: | |
|--|--|---|---|--|
| U.S.G.S. LAND OFFICE OPERATOR | | | State Oil & Gas Lease No. | |
| SUNDR | Y NOTICES AND REPORTS ON W | ELLS K TO A DIFFERENT RESERVOIR. PROPOSALS. | | |
| Name of Operator | OTHER. | | 7. Unit Agreement Nume | |
| AMOCO PRODUCTION COMPANY Address of Operator | | | 8. Farm or Lease Name South Hobbs (GSA) Unit | |
| P. O. Box 68, Hobbs, NM 88240 | | | 9. Well No. 221 | |
| SL/BHL C/B 1091/490 FEET FROM THE NORTH LINE AND 2411/2580 | | | 10. Field and Pool, or Wildcat Hobbs GSA | |
| THE West/East LINE, SECTION | 4 TOWNSHIP 19-S | RANGE 38-E | | |
| | 15. Elevation (Show whether DF | a contract of the contract of | 12. County | |
| Check & | Appropriate Box To Indiana No. | <u> </u> | Lea | |
| NOTICE OF IN | Appropriate Box To Indicate National Tention To: | ure of Notice, Report of O subsequer | ther Data NT REPORT OF: | |
| ERFORM REMEDIAL WORK EMPORARILY ABANDON ULL OR ALTER CASING | CHANGE PLANS C | OMMENCE DRILLING OPHS. ASSING TEST AND CEMENT JOB OTHER SPUD WE and | | |
| 1. Describe Proposed or Completed Operators SEE RULE 1103. | erations (Clearly state all pertinent details, | , and give pertinent dates, includin | g estimated date of starting any proposed | |
| cement. MI and RI 6-7-87. Drill 14- 1534' and cement w cement to surface. and install wellhe | machine and spud well at 1 casing set at 40' and cen JRT and commence continuous -3/4" hole from 40' to 1534 with 1000 sx class C with 1 Plug down at 10:30 pm 6- ead. Nipple up BOP and tes for 30 min and tested OK. | ment with 3-1/2 yards of drilling operations 4'. Run 10-3/4" casin 1% CAC12. Circulate 2-8-87. WOC. Cut off | of ready mix at 1:15 pm g set at 00 sx of casing | |
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| | | | | |
| . I hereby certify that the information of | | | | |
| OM Michelle | pove is true and complete to the best of my | in. Analyst | 6-10-87 | |
| ORIGINAL SIGNED BY "POVED BY DISTRICT I SUPE NOTITIONS OF APPROVAL, IF ANY | | | OATE JUN 1 5 1987 | |

