

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>L-5810</b>

**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"/> <b>CO<sub>2</sub></b> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>AMOCO PRODUCTION COMPANY</b>	8. Farm or Lease Name <b>State EN</b>
3. Address of Operator <b>BOX 367, ANDREWS, TEXAS 79714</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>J</b> <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>23</b> TOWNSHIP <b>20-n</b> RANGE <b>33-E</b> NMPM.	10. Field and Pool, or Wildcat <b>WILDCAT</b>
15. Elevation (Show whether DE, RT, GR, etc.) <b>4993 RDB</b>	12. County <b>HARDING</b>

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 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 JOB <input type="checkbox"/>	OTHER <b>Well Status</b> <input checked="" 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.

**well was shut-in on 2-14-72 due to no market.  
well will be held in present status pending  
market development. Plan to use in tertiary  
recovery operations.**

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

SIGNED **[Signature]** TITLE **ADMINISTRATIVE ASSISTANT**

DATE **OCT 15 1975**

2. NMOCC LSP

APPROVED BY **[Signature]** TITLE **[Signature]** DATE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY:

1-SUSP-J4D