

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 type="checkbox"/> OTHER- <u>DRILLING</u>	7. Unit Agreement Name
2. Name of Operator <u>Amoco Production Company</u>	8. Farm or Lease Name <u>CULBERTSON</u>
3. Address of Operator <u>BOX 68, HOSBS, N. M. 88240</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>NORTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19N</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or Wildcat <u>WILDCAT</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4739' RDB</u>	12. County <u>HARDING</u>

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

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input 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.

On 12-4-73, 4 1/2" OD 9.5# Casing was set @ 2497' x 575 Sx Incon
meat + 2% KCL. Circ. 75 Sx. Tested casing w/ 1400 psi for
30 min. Test O.K. Released rig and suspended
operations finalization of completion plans.

TD-2501

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

SIGNED <u>[Signature]</u>	TITLE <u>ADMINISTRATIVE ASSISTANT</u>	DATE <u>12-6-78</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SENIOR ENGINEER</u>	DATE
CONDITIONS OF APPROVAL, IF ANY:		