

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-021-20139

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. 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. Type of Well:  
OIL WELL ☐ GAS WELL ☒ CO2 OTHER

2. Name of Operator  
Amoco Production Company

3. Address of Operator  
P. O. Box 3092, Houston, TX 77253

4. Well Location  
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 24 Township T20N Range R31E NMPM Harding County

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

4702

11. 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: Temporarily abandon ☒

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.

Move in Rig Up Service Unit 06/12/91. Kill well and release packer. Pull tubing and packer; Run cast iron bridge plug and set at 2100 ft. Pressure test casing and bridge plug to 500 psi for 30 minutes. Held o.k. Capped cast iron bridge plug with 7 sacks of cement. Installed B-1 adapter and shut-in. Will continue to monitor well on an annual basis.

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

SIGNATURE Mark D. Randolph TITLE Administrative Analyst DATE 07-19-91

TYPE OR PRINT NAME Mark D. Randolph (713) TELEPHONE NO. 556-3216

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 8-15-91

CONDITIONS OF APPROVAL, IF ANY: