

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 APINO
PM 1 26 30-021-20149

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 ☐ OTHER CO2

2. Name of Operator
Amoco Production Company

3. Address of operator
P.O. Box 606, Clayton, New Mexico 88415

4. Well Location
Unit Letter G : 1650 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 2 Township 21N Range 30E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5294 GR

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: YEARLY BRADENHEAD TEST (TA WELL) ☒

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.

| YEAR | MONTH/DAY | TUBING PRESSURE | CASING PRESSURE | BLEED DOWN TIME |
|------|-----------|-----------------|-----------------|-----------------|
| 1990 | SEPT. 26 | 330# | 0 | |
| 1991 | SEPT. 23 | 325# | 0 | |
| 1992 | SEPT. 17 | 325# | 0 | |
| 1993 | | | | |
| 1994 | | | | |
| 1995 | | | | |
| 1996 | | | | |
| 1997 | | | | |
| 1998 | | | | |
| 1999 | | | | |
| 2000 | | | | |

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

SIGNATURE M. L. Clay TITLE FIELD TECH DATE 12-4-92
TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3053

(This space for State Use)

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 12-16-92
CONDITIONS OF APPROVAL, IF ANY: