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

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

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

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

WELL API NO.
30 021 20261

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.)

7. Lease Name or Unit Agreement Name
2133

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER CO_2

2. Name of Operator
AMOCO PRODUCTION CO.

8. Well No.
101 J

3. Address of Operator
PO Box 606 CLAYTON N. MEX 88415

9. Pool name or Wildcat

4. Well Location
Unit Letter J : 1889 Feet From The EAST Line and 2007 Feet From The SOUTH Line

Section 10 Township 21 N Range 33 E NMPM HARDING County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: PERF ☒	

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.

Moved in, rigged up service unit 7/27/93. Ran 2.75 perf gun and perfed 2286'-2291', 2293'-2316', 2329'-2333' and 2340'-2360'. Rippled down BOP and rippled up wellhead. Rigged down and moved out service unit 7/28/93.

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

SIGNATURE Mark Randolph TITLE BUSINESS ANALYST DATE 9/30/93

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO.

(This space for State Use)

APPROVED BY R E Johnson TITLE DISTRICT SUPERVISOR DATE 10-7-93

CONDITIONS OF APPROVAL, IF ANY: