

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.

30-021-20278

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

OL WELL ☐ GAS WELL ☐ OTHER C02

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter J : 2474 Feet From The SOUTH Line and 2280 Feet From The EAST Line
Section 35 Township 21N Range 29E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5427.50 GL

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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

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
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990				
1991				
1992				
1993				
1994				
1995				
1996				
1997	9/8	1450#	→ 0	
1998				
1999				
2000				

No Hg in hole

12-15-97.
Talked w/ Prichard about
P&A procedure
will take 9.8 # to kill
w/ packer 40' above perfs
no Hg in hole / packer
leaking

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

SIGNATURE M. S. Clay TITLE Field Tech.

DATE 9/10/97

TYPE OR PRINT NAME M. L. CLAY

TELEPHONE NO. (505) 374-3058

This space for State Use

APPROVED BY

TITLE DISTRICT SUPERVISOR

DATE 9-15-97

CONDITIONS OF APPROVAL, IF ANY: