

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Co.	8. Farm or Lease Name Anderson Gas Com "B"
3. Address of Operator 501 Airport Drive, Farmington, N M 87401	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1470</u> FEET FROM THE <u>south</u> LINE AND <u>1660</u> FEET FROM THE <u>west</u> LINE, SECTION <u>28</u> TOWNSHIP <u>29N</u> RANGE <u>10W</u> NMPM.	10. Field and Pool, or Wildcat Otero Chacra
15. Elevation (Show whether DF, RT, GR, etc.) 5520' GR	12. County San Juan

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Supplemental Sundry</u> <input checked="" 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.

The 8-5/8", 24#, K55 surface casing of the subject well was pressure tested to 1000 psi on 2/1/85. Held for 30 minutes.
The 4-1/2" 10.5# K-55 production casing was pressure tested to 3800 PSI and held for 30 min.

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

SIGNED BD Shaw TITLE Adm. Supervisor DATE 4/11/85

Original Signed by CHARLES GHOLSON

APPROVED BY _____ TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE APP 5 1985

CONDITIONS OF APPROVAL, IF ANY: