Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-28565

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: STATE NB

1. Type of Well: OIL WELL [X] GAS WELL ☐ OTHER

2. Name of Operator: Amoco Production Company

8. Well No. 1

3. Address of Operator: P. O. Box 3092 Houston, Tx 77077

9. Pool name or Wildcat: BAUM UPPER PENN

4. Well Location
Unit Letter P : 660' Feet From The South Line and 660' Feet From The EAST Line

Section 14 Township 13 S Range 32 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4306 GR

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:			☐

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.

MI RUSU 5-22-89 POH w/Prod. EQUIP. RIH with 4 3/4 IN BIT AND Scrapper AND 2 7/8 IN TBG. TAG at 9781'. PU ABV Perfs. SPOT 100 gALS xylene AND 50 gals Super ASOL. Acidize Perfs 9736'-9820' w/2500 gals 15% NEFE AND Additives. FLUSH w/65 BBLS. RIH w/ Prod EQUIP. TST 500psI RD SU 5-28-89. SHUT-IN FOR FUTURE Plug AND ABandon

BWO: 0 x 0 x 0

AWO: 3 x 0 x 0

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

SIGNATURE Blake T. Steele TITLE Admin. Analyst DATE 7-27-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-7322

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE AUG 1 1989

CONDITIONS OF APPROVAL, IF ANY: