

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.

30-025-07051

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1557

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

2. Name of Operator

Amoco Production Company

(Room 18.108)

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092

7. Lease Name or Unit Agreement Name

State C Tract 13

8. Well No.

5

9. Pool name or Wildcat

Blinebry-Oil and Gas

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 36 Township 21S Range 37E NMPM Lea, NM County

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

3361' 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: Pull Plug & Casing for Gas Leak ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. RUSU X RIH W/BULL PLUG AND PRESSURE TEST LONG STRING.
2. IF TUBING SHOWS LEAK THEN PULL TUBING AND RE-RUN STRING TESTING BACK IN HOLE TO FIND LEAK.
3. IF TUBING HOLDS, THEN PULL TUBING AND REPAIR/REPLACE PACKER SEALS ASSEMBLY AND RE-RUN TUBING.
4. RDSU AND SCHEDULE FOR NEW PACKER LEAKAGE TEST.

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

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 02-09-94

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

MAR 08 1994

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: