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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-6251
7. Unit Agreement Name
8. Farm or Lease Name State FH
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Union

**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"/> CO <sub>2</sub> OTHER-
2. Name of Operator Amoco Production Company
3. Address of Operator P. O. Drawer A, Levelland, TX 79336
4. Location of Well UNIT LETTER <u>P</u> .660 FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>22-N</u> RANGE <u>34-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4646' RDB

16. 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>Well Status</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.

Well completed 6-28-74 as a shut-in (CO<sub>2</sub>) gas well. To remain in SI status pending use as a source well in tertiary recovery operations.

RECEIVED  
ADMINISTRATIVE ASSISTANT  
DATE 6/15/1977

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

SIGNED <u>Roy W. Cox</u>	R. W. Cox	TITLE <u>Administrative Assistant</u>	DATE <u>7-1-76</u>
APPROVED BY <u>Carl L. Cox</u>		TITLE <u>ADMINISTRATIVE ASSISTANT</u>	DATE <u>7/1/76</u>
CONDITIONS OF APPROVAL, IF ANY: 1-DIV 1-Susp 1-ENG.			