

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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|                                           |                              |
|-------------------------------------------|------------------------------|
| 5a. Indicate Type of Lease                |                              |
| State <input checked="" type="checkbox"/> | Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.              |                              |
| L-6251                                    |                              |

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 <input type="checkbox"/>                                                                        | 7. Unit Agreement Name                      |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                         | 8. Farm or Lease Name<br>State FH           |
| 3. Address of Operator<br>P.O. Box 68 Hobbs, NM 88240                                                                                                                                                   | 9. Well No.<br>1                            |
| 4. Location of Well<br>UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>22-N</u> RANGE <u>34-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Und. Tubb |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4646 RDB                                                                                                                                               | 12. County<br>Union                         |

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

|                                                           |                                           |                                                      |                                               |
|-----------------------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input checked="" 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"/> |                                               |

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.

Propose to obtain a stabilized production rate and then run a 72 hr. Bottom Hole Pressure build up test.

O+2-NMOCD-SF, 1-Hou, 1-Susp, 1-LBG

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 9-2-80

APPROVED BY Carl Helwig TITLE  DATE 9/3/80  
CONDITIONS OF APPROVAL, IF ANY: