

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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-6260
7. Unit Agreement Name
8. Farm or Lease Name State FI
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 <input type="checkbox"/> GAS <input checked="" type="checkbox"/> CO ₂ 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 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 20-N RANGE 34-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4750 R. D. B.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Well Status

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 9-3-74 as a shut-in (CO₂) gas well. To remain in SI status pending use as a source well in tertiary recovery operations.

RECEIVED IN OR
10/15/1977
AUTHORITY
TEMPORARY ALIEN

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

SIGNED Ray W. Cox R. W. Cox TITLE Administrative Assistant DATE 7-1-76

012-NMOC-SF

APPROVED BY Carl Ulloa

CONDITIONS OF APPROVAL, IF ANY:

TITLE Administrative Assistant

DATE 7/1/76

AUTHORIZATION FOR ANY CHANGE IN STATUS OR
TEMPORARY ALIEN