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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.

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 type="checkbox"/> OTHER- <u>DRILLING</u>	7. Unit Agreement Name
2. Name of Operator <u>Amoco Production Company</u>	8. Farm or Lease Name <u>STATE FT</u>
3. Address of Operator <u>BOX 367, ANDREWS, TEXAS 79714</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>36</u> TOWNSHIP <u>24-N</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat <u>WILDCAT</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>5096 GL</u>	12. County <u>UNION</u>

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

NOTICE OF INTENTION TO:

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

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

On 9-17-74 4 1/2" OD 9.5, 10. + 10.5" Casing was set @ 2740' w/ 750 Sx class C cement. Tested casing w/ 1800 psi for 30 min. Test OK.

Released rig and suspended operations pending finalization of completion operations.

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

SIGNED Ray L. Roakum

TITLE ADMINISTRATIVE ASSISTANT

DATE SEP 18 1974

041- NMOC- 52

APPROVED BY Carl Ulvog
CONDITIONS OF APPROVAL, IF ANY:
1-2/75

TITLE SENIOR ENGINEER

DATE 1-2/75