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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.	
7. Unit Agreement Name	
8. Farm or Lease Name State FI	
9. Well No. 3	
10. Field and Pool, or Wildcat Und. Tubb	
11. 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.  
(APPLICATION FOR PERMIT - FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ CO<sub>2</sub> OTHER-

Name of Operator  
Amoco Production Company

Address of Operator  
P. O. Box 68, Hobbs, NM 88240

Location of Well  
UNIT LETTER 0 1315 South 1980  
East 36 20-N 34-E  
THE LINE, SECTION TOWNSHIP RANGE N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)  
4739.5 GR

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 JOB <input checked="" type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Coring

16. 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.

Core #1 2185'-2245'. Recovered 60'. Core #2 2245'-2305'. Recovered 60'. Core #3 2305'-2365'. Recovered 57'. Core #4 2365'-2385'. Recovered 20'. Ran 7-7/8" bit and drilled to a TD of 2600'. Ran 4-1/2" 9-1/2# casing set at 2600'. Cemented with 700 SX Class C cement with 9-1/2# salt/SX and 3% KCL. Plug down at 7:24 p.m. 5-22-79. Circulated 5 SX. WOC 18 hrs. Tested casing with 1400# for 30 min. Test OK. Currently waiting on completion unit.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 7-24-79

APPROVED BY Carl M. Mogg TITLE SEAL REQUIRED DATE 7/27/79

CONDITIONS OF APPROVAL, IF ANY: