

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-059-20360

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER CO2

2. Name of Operator

Amoco Production Company

3. Address of Operator

PO Box 606, Clayton, NM 88415

4. Well Location

Unit Letter M : 1158 Feet From The South Line and 515 Feet From The West Line

Section 13 Township 21N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4714.70' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Completion ☒

12. 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.

1. MIRUCTU 8/13/96
2. RUN 4"OD PERF GUNS ON COIL TBG
3. PERF 2100' TO 2201' W/6 DPS PER FT
4. FLOW WELL OVERNIGHT
5. RDMOCTU 8/13/96
6. WAIT ON PIPELINE CONNECTION

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

SIGNATURE

Billy E. Prichard

TITLE Field Foreman

DATE 8/14/96

TYPE OR PRINT NAME

Billy E Prichard

TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY

Ry E. Prichard

TITLE

DISTRICT SUPERVISOR

DATE

8-19-96

CONDITIONS OF APPROVAL, IF ANY: