

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

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 ☒ GAS WELL ☒ CO2 ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State KL
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 1
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>18</u> TOWNSHIP <u>20-N</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4995' GL	12. County Harding

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 JOBS ☒
OTHER ☐

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 2-23-81 CO2 in Action (Rig #18) spudded a 12-1/4" hole at 12:01 a.m. Drilled to a TD of 719' and ran 8-5/8" casing set at 714'. Cemented with 500 SX Class H cement. Plugged down 12:00 noon 2-24-81. Circulated 65 SX. WOC 18 hrs. Tested casing with 800# for 1 hr. Test OK. Reduced hole to 7-7/8" and resumed drilling. Drilled to a TD of 2655' and ran 5-1/2" casing set at 2655'. Cemented with 900 SX Class H cement. Plugged down 11:15 a.m. 3-3-81. Circulated 250 SX. Currently waiting on completion unit.

0+2-NMOCD, SF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Lewis TITLE Admin. Analyst DATE 3-5-81

APPROVED BY Carl Elvov TITLE SENIOR PLANNING ENGINEER DATE 3/13/81

CONDITIONS OF APPROVAL, IF ANY: