

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.

3002120114

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.)

7. Lease Name or Unit Agreement Name

2032

1. Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER CO2 GAS

2. Name of Operator

Amoco Production Company

8. Well No.

331F

3. Address of operator

PO Box 606 Clayton New Mexico 88415

9. Pool name or Wildcat

Tubb

4. Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 33 Township 20N Range 32E NMPM HARDING County

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

4860 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: TEMP. ABANDON ☒

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.

Move in, rig up service unit. Kill well with 2% KCL.
Release packer and pull out of hole tubing and packer.
Set cast iron bridge plug at 2250 feet. Cap with 35 feet
of class C cement. Load hole with inhibited packer fluid
and pressure test to 500 psi for 30 minutes. Run in
hole 1 joint of 2 3/8" tubing. Rig down and move out
service unit.

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

SIGNATURE Mark Randolph TITLE Admin. Analyst DATE 8/10/93

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO. 713/556/321

(This space for State Use)

APPROVED BY

TITLE

DATE

DISTRICT SUPERVISOR

8-19-93

CONDITIONS OF APPROVAL, IF ANY: