

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

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

WELL API NO.

30-021-20265

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

P.O. Box 606 Clayton NM 88415

8. Well No.

151F

9. Pool name or Wildcat

TUBB

4. Well Location

Unit Letter F : 2030 Feet From The West Line and 1959 Feet From The North Line

Section

15

Township

T21N

Range

R33E

NMPM

Harding

County

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

4911

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: ☐

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.

MIRU DRILG UNIT/SPUD 12 1/4 SURF HOLE ON 6/16/93.
DRILL TO 692. RUN 17 JOINTS OF 8.625, 24#, K-55 CASING.
CEMENT W/450 SXS CLASS "A", CIRC. 86 SXS, PRESSURE
TEST CASING TO 500 PSI. DRILL 7 7/8 HOLE TO 2516. RAN
85 JOINTS OF 4 1/2 FIBERGLASS/SET @ 2516. CEMENT
W/475 SXS CLASS "A", CIRC. 87 SXS TO SURFACE. WELL SI.
WOOU AND PLC.

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

7-27-93

TYPE OR PRINT NAME

BILLY E. PRICHARD

505 374 3053
TELEPHONE NO.

(This space for State Use)

APPROVED BY

R. E. Johnson

DISTRICT SUPERVISOR

TITLE

DATE

7-27-93

CONDITIONS OF APPROVAL, IF ANY: