

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. 30 021 20252
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
2132

1. Type of Well:
OIL WELL GAS WELL OTHER CO2

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No. 351 G

3. Address of Operator
PO Box 606

9. Pool name or Wildcat
TUBB

4. Well Location
Unit Letter G : 1947 Feet From The EAST Line and 1968 Feet From The NORTH Line.

Section 35 Township 21N Range 32E NMPM HARDING County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4871

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING OTHER: CASING TEST AND CEMENT JOB
OTHER: 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.

*Rig up wireline unit 8/13/93. Ran 2.750 perf gun and
perf 2174'-2132', 2192'-2210', 2217'-2227', 2230'-2242' and
2272'-2280'. Slow test well at 5.7 MMCFD.*

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

SIGNATURE Mark Randolph TITLE BUSINESS ANALYST DATE 9/13/93

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO. 713 556321

(This space for State Use)
APPROVED BY Ry Johnson TITLE DISTRICT SUPERVISOR DATE 9-22-93
CONDITIONS OF APPROVAL, IF ANY: