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.
30-021-20278

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
BUEYEROS COM

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

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
1

3. Address of Operator
P.O. Box 303, AMISTAD, NEW MEXICO 88410

9. Pool name or Wildcat
WILDCAT - GRANITE

4. Well Location
Unit Letter J : 2474 Feet From The SOUTH Line and 2280 Feet From The EAST Line
Section 35 Township 21N Range 29E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
5427.50 GL

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	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Yearly Bradenhead Test (TA Well)			X

12. Describe Proposed or Completed Operations
SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

YEAR	MONTH/DAY	TBG. PRESS.	CSG. PRESS.	BLEED DOWN TIME
1990				
1991				
1992				
1993				
1994				
1995				
1996				
1997	9/8	1450#	→ 0	
1998				
1999				
2000				

No Hg in hole

12-15-97
Talked w/ Prichard about P&A procedure will take 9.8 # to kill w/ Packer 40' above perfs no Hg in hole / packer leaking

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

SIGNATURE M. L. Clay TITLE Field Tech. DATE 9/10/97

TYPE OR PRINT NAME M. L. CLAY TELEPHONE NO. (505) 374-3058

This space for State Use

APPROVED BY Ky E Johnson TITLE DISTRICT SUPERVISOR DATE 9-15-97

CONDITIONS OF APPROVAL, IF ANY: