

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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 ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator <i>Amoco Production Company</i>	8. Name of Lease Name <i>Salman Ranch "B"</i>
3. Address of Operator <i>P.O. Box 68, Hobbs NM 88240</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>0</i> <i>380</i> FEET FROM THE <i>South</i> LINE AND <i>1850</i> FEET FROM THE <i>East</i> LINE, SECTION <i>21</i> TOWNSHIP <i>21-N</i> RANGE <i>17-E</i> NMPM.	10. Field and Pool or Wildcat <i>Wildcat</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>7533.5' GR</i>	12. County <i>Mora</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

GRACE Rig # 20 moved in and began continuous drilling operations on 10/29, with a 17 1/2" bit. Drilled to TD of 500' and on 10/31/84 ran 13 3/8", 54.5" J-55 casing. Csg set at 500'. Cemented with 200 sacks class C w/add. and 200 sacks class C this set. Tailed in with 200 sacks class C w/add. Plug down 4:30 A.M. 10-31-84 and circulated out 306 sacks. WOC 18 hrs and tested csg. to 600 psi for 30 min, tested OK. Reduced bit to 12 1/4" and resumed drilling.

075 NMU/D, SF 1-J.R. Barnett, Hon Rm 21156 1-F.J. Nash Hon Rm 4.206 1-GCC

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

SIGNED *Mary C. Clark*

TITLE *Asst. Admin. Analyst*

DATE *11-6-84*

APPROVED BY *Roy Johnson*

TITLE *DISTRICT SUPERVISOR*

DATE *11-8-84*

CONDITIONS OF APPROVAL, IF ANY: