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 10-1-7

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- P&A

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
Salman Ranch A

3. Address of Operator
P.O. Box 68 Hobbs NM 88240

9. Well No.
1

4. Location of Well
Projected
UNIT LETTER C : 150 FEET FROM THE North LINE AND 1630 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 20-N RANGE 17-E NMPM.

10. Field and Pool, or Wildcat
Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)
7323.9' GR

12. County
Mora

16.

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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.

Drilled to TD of 10133 and plugged well as follows: Spotted a 25 sx plug at 10133'. Spotted 70 sx plug from 9850-9750, Spotted 70 sx plug from 6850'-6750'. Spotted 70 sx plug from 4260'-4360'. Spotted 70 sx plug from 3550'-3450'. Spotted 10 sx. cmt plug from 40' to surface. Installed dry hole marker.

0+5 NMOCD, SF 1-J.R. Barnett, Hou 1-F.J. Nash, Hou 1-BCC

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

SIGNED Gary C. Clark TITLE Asst. Admin Analyst DATE 11-13-84

APPROVED BY [illegible] TITLE DISTRICT SUPERVISOR DATE 4-17-85

CONDITIONS OF APPROVAL, IF ANY: