

## OIL CONSERVATION DIVISION

P. O. BOX 2058

SANTA FE, NEW MEXICO 87501

Form C-193

Revised 10-1-79

|                        |  |
|------------------------|--|
| NO. OF COPIES RECEIVED |  |
| DISTRIBUTION           |  |
| SANTA FE               |  |
| WILE                   |  |
| U.S.G.S.               |  |
| LAND OFFICE            |  |
| OPERATION              |  |

## SUMMARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR OPERATIONS TO BE CARRIED OUT BY OTHERS OR PLUG BACK TO A DIFFERENT WELL-VOID. IT IS INTENDED FOR REPORTS ON WELLS CARRIED OUT BY THE OPERATOR.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|
| 1. Well Type<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> CO <sub>2</sub> OTHER <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 5. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fed. <input type="checkbox"/> |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 6. State Oil & Gas Lease No.                                                                         |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. Unit Agreement Name                                                                               |
| 4. Location of Well<br>UNIT LETTER <u>0</u> <u>1315</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>20-N</u> RANGE <u>34-E</u> STATE <u>Union</u>                                                                                                                                                                                                                                                                                                                                                                    |  | 8. Former Lease Name<br>State <u>FI</u>                                                              |
| 15. Elevation (Show whether DT, RT, GR, etc.)<br>4739.5 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 9. Well No.<br>3                                                                                     |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data<br>NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> COMMENCE DRILLING OPER. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Suspend Operations |  | 10. Field and Pool, or Wellbore<br>Und. Tubb                                                         |

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.

Propose to suspend operations due to poor weather conditions. Plan to resume completion operations approx. 4-1-80.

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

SIGNED Bob Davis TITLE Assistant Admin. Analyst DATE 2-4-80APPROVED BY Carl Helwig TITLE Supervisor DATE 2/29/80  
CONDITIONS OF APPROVAL, IF ANY:

0+2 NMOCD-SF, 1-Hou, 1-Susp, 1-BD