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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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.
(APPLICATION FOR PERMIT - FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ CO₂ OTHER-

6. Name of Operator
Amoco Production Company

7. Address of Operator
P. O. Box 68, Hobbs, NM 88240

8. Location of Well
UNIT LETTER 0 1315 South 1980
East 36 20-N 34-E
THE LINE, SECTION TOWNSHIP RANGE N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
State FI

9. Well No.
3

10. Field and Pool, or Wildcat
Und. Tubb

11. Elevation (Show whether DF, RT, GR, etc.)
4739.5 GR

12. County
Union

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐ Coring ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

13. 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.

Core #1 2185'-2245'. Recovered 60'. Core #2 2245'-2305'. Recovered 60'. Core #3 2305'-2365'. Recovered 57'. Core #4 2365'-2385'. Recovered 20'. Ran 7-7/8" bit and drilled to a TD of 2600'. Ran 4-1/2" 9-1/2# casing set at 2600'. Cemented with 700 SX Class C cement with 9-1/2# salt/SX and 3% KCL. Plug down at 7:24 p.m. 5-22-79. Circulated 5 SX. WOC 18 hrs. Tested casing with 1400# for 30 min. Test OK. Currently waiting on completion unit.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 7-24-79

APPROVED BY Carl M. Mogg TITLE SEAL REQUIRED DATE 7/27/79

CONDITIONS OF APPROVAL, IF ANY: