

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 10-1-78

5a. Indicate Type of Lease
State ☐ Fed ☒
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.)

OIL WELL ☐ GAS WELL ☒ CO ₂ OTHER-	7. Unit Agreement Name
Name of Operator Amoco Production Company	8. Farm or Lease Name Hutcherson B
Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 5
Location of Well UNIT LETTER <u>K</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>19-N</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4786' GL	12. County Union

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

Plugged and abandoned per the following procedure:

Spotted a total of 450 SX Class C cement in 4 trips from 1105'-656'.
Contacted rancher. Did not spot surface plug so that rancher could attempt to make water well. Will skid rig 75' east and spud Hutcherson B #5X.

Location clean level - H₂O Conversion OK - NO surface marks
11-4-81 ZF Roy

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

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 10-29-80

APPROVED BY Carl Hlung TITLE SENIOR PETROLEUM GEOLOGIST DATE _____
CONDITIONS OF APPROVAL, IF ANY: