

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-059-20249

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. 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. Type of Well

OIL WELL ☐

GAS
WELL ☐

OTHER

CO2

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P.O. Box 303, AMISTAD, NEW MEXICO 88410

4. Well Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line
Section 30 Township 18N Range 34E NMPM Union County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations

SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

8-25-97

Rig up wire line with tubing cutter. Run in hole and cut 2-3/8" fiberglass tubing @ 2341'. Pull up 2-3/8" workstring. Run in hole and spot 50 sacks of class C cement @ 2408' - 2115'.

8-26-97

Tag top of cement @ 2341'. Pressure tested 7" casing to 500# for 15 minutes. Held. Circulated well with 9.5 gelled brine water. Spot 15 sacks class C cement @ 1918' - 1831'. Spot 5 sacks class C cement @ 30' - 3'. Cut off wellhead and anchors 3' below ground level. Weld steel plate on well. Install dry hole marker.

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

SIGNATURE

Billy E. Prichard

TITLE

Operations Specialist

DATE

8/9/97

TYPE OR PRINT NAME

Billy E. Prichard

TELEPHONE NO.

(505) 374-3053

(This space for State Use)

APPROVED BY

R. E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

9-25-97

CONDITIONS OF APPROVAL, IF ANY: