

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-059-203 ¹¹

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 ☐

GAS ☒

OTHER CO₂

2. Name of Operator

Amoco Production Company

3. Address of Operator

PO Box 606 Clayton NM 88415

8. Well No.

351 F

9. Pool name or Wildcat

Tubb

4. Well Location

Unit Letter F : 2152 Feet From The West Line and 2000 Feet From The North Line

Section 35 Township T22N Range R32E NMPM Union County

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

4771

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 (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Miru Drlg. Unit/Spud 12 1/4 surf. hole on 7/27/93.
Drill to 690. Ran 17 joints of 8.625, 24#, K-55 casing.
Set @ 690. Cement w/450 sx's, class "A", circ. 105 BBL's.
Pressure test casing to 500 PSI. Drill 7 7/8 hole to 2275.
Ran 78 joints of 4 1/2 Fiberglass, set @ 2275. Cement
w/550 sx's, class "A", circ. 147 sx's to surface.
Well SI. Wocu and PLC.

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

SIGNATURE

Billy E. Prichard

TITLE

Field Foreman

DATE

8-2-93

TYPE OR PRINT NAME

Billy E. Prichard

TELEPHONE NO.

505 374 3053

(This space for State Use)

APPROVED BY

Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

8-5-93

CONDITIONS OF APPROVAL, IF ANY: