

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 30-059-20320
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

SUNDAY 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 Exploration & Production

3. Address of Operator
PO Box 606 Clayton, NM 88415

4. Well Location
Unit Letter E : 1985 Feet From The North Line and 1942 Feet From The West Line

Section 20 Township 21N Range 35E NMPM Union County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4693 GR

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: Completion ☒

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.

2135-201f

1. M/RU CTBU 8/4/95.
2. Clean out drlg mud to 2285' x spot perf fluid.
3. Perf 2190-2282, 6 Spf, 552 total shots.
4. RD MOCTBU 8/4/95
5. Flow test well overnight. Shut in.
6. WO pipeline connection.

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 8/6/95

TYPE OR PRINT NAME Billy E Prichard

TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY

DISTRICT SUPERVISOR

DATE 8/9/95

CONDITIONS OF APPROVAL, IF ANY: