

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-059-20353

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

PO Box 606 Clayton NM 88415

4. Well Location

Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section

17

Township

22N

Range

34E

NMPM

Union

County

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

4849.20' 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.

1. MIRUCTU 8/5/96
2. RUN 4"OD PERF GUNS ON COIL TBG
3. PERF 2117' TO 2351' W/8 DPS PER FT
4. FLOW WELL OVERNIGHT
5. RDMOCTU 8/5/96
7. TURN WELL TO PRODUCTION 8/6/96

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 8/7/96

TYPE OR PRINT NAME Billy E Prichard TELEPHONE NO. 374-3053

(This space for State Use)

APPROVED BY Ry E. Johnson TITLE DISTRICT SUPERVISOR DATE 8-12-96

CONDITIONS OF APPROVAL, IF ANY: