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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 5 1975

O. C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-8385
7. Unit Agreement Name
8. Farm or Lease Name STATE CF
9. Well No. 5
10. Field and Pool, or Wildcat CHISUM-DEV
12. County CHAVES

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. OIL WELL ☐ GAS WELL ☐ OTHER- **DRILLING**

2. Name of Operator
AMOCO PRODUCTION COMPANY ✓

3. Address of Operator
BOX 367, ANDREWS, TEXAS 79714

4. Location of Well
UNIT LETTER **K** **1980'** FEET FROM THE **SOUTH** LINE AND **1980** FEET FROM THE **WEST** LINE, SECTION **13** TOWNSHIP **11-S** RANGE **27-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. 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.

Hando Drilg Co. spudded 17 1/2" hole 12:00 MN 2-28-75.
On 3-2-75, 13 3/8" OD 48" Casing was set @ 461' w/ 500 sx.
class C 2% Cacl. Circulated 255 sx. After WOC 18 hrs.
tested casing w/ 600 psi for 30 min. Test O.K.
Reduced hole to 11" @ 461' & resumed operations.

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

SIGNED *Roy R. Gorkum* TITLE ADMINISTRATIVE ASSISTANT DATE MAR 4 1975

APPROVED BY *W. H. Gessert* TITLE SUPERVISOR, DISTRICT II DATE MAR 6 1975

CONDITIONS OF APPROVAL, IF ANY:

1-PR4