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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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. L 2347
7. Unit Agreement Name
8. Farm or Lease Name Amoco State
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dry Hole
2. Name of Operator DEPCO, Inc.
3. Address of Operator 800 Central, Odessa, Texas 79761
4. Location of Well UNIT LETTER L 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 36 TOWNSHIP 10S RANGE 29E N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) 3979 GR

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

2-24-79 Drilled 7 7/8" hole to TD 9900'.

2-25-79 Ran logs.

2-26-79 Plugged w/50 sx. Class "C" cement plugs @ 9600-9500, 9200 9100, 8125-8025, 6350-6250 4050-3950, 2750-2650, and 15 sx. cement plug @ surface. Released rig 7:00 AM
2-27-79.

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

SIGNED D. R. Mason TITLE Chief Clerk DATE 3-1-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: