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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 type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name LUSK "A"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 3
4. Location of Well UNIT LETTER <u>F</u> <u>330</u> FEET FROM THE <u>NORTH</u> LINE AND <u>589.3</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>6</u> TOWNSHIP <u>15-S</u> RANGE <u>30-E</u> N.M.P.M.	10. Field and Pool, or Wildcat DOUBLE L. QUINN
15. Elevation (Show whether DF, RT, GR, etc.) 3906' R.D.B.	11. County CHAVES

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>WELL STATUS</u>	

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.

Well ceased to produce on 12/31/72 and was shut-in.
No possibilities of a successful workover.
Shut in pending further evaluation or use
in secondary recovery operations.

TD- 2048
PBD- 2024
4 1/2" CSA 2048
REFS: 2006-15

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE FEB 2 1972

042. NMOC-14
AMCO DIV - Orig. Signed by Joe D. Ramey
Dist. I, Supv. TITLE _____ DATE FEB 7 1972
CONDITIONS OF APPROVAL, IF ANY: 1-SUSP