

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION **RECEIVED**

P. O. BOX 2068
SANTA FE, NEW MEXICO 87501

APR 08 1983

Form C-103
Revised 10-1-73

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O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease State ☒ ☐ Fine ☐
5. State Oil & Gas Lease No. B-2077

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-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company ✓	8. Farm or Lease Name State MO
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> <u>1320</u> FEET FROM THE <u>North</u> LINE AND <u>1320</u> FEET FROM THE <u>West</u> LINE, SECTION <u>27</u> TOWNSHIP <u>17-S</u> RANGE <u>28-E</u> NMPM.	10. Field and Pool, or Willcat Empire Penn
15. Elevation (Show whether DF, RT, GR, etc.) 3653.9' GL	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
		OTHER <u>update</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.

Installed test equipment 3-17-83. Opened well and flowed 58 MCFD. Flowed an additional 48 hr. and recovered 0 BF and 39 MCF. Currently shut-in pending additional work.

0+4-NMOCD,A 1-HOU 1-F. J Nash, HOU 1-CMH 1-Sun Mid. 1-Cibola 3-Conoco, Mid.
1-Yates 2-Tenneco 1-Husky 1-General Am. Oil 1-Rio Pecos 1-Depco

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

SIGNED Charles M. Herring TITLE Assist. Admin. Analyst DATE 4-6-83

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ DATE APR 11 1983

CONDITIONS OF APPROVAL, IF ANY: