

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clerk
DP

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-21908

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-537-5

7. Lease Name or Unit Agreement Name
Empire South
Deep Unit

8. Well No.
11

9. Pool name or Wildcat
Empire South Wolfcamp

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.)

RECEIVED

JUN 2 1992

O. C. D.
OFFICE

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 2130 Feet From The West Line
Section 32 Township 17-S Range 29-E NMPM Eddy County

10. Elevation (Show whether DP, RDB, RT, GR, etc.)
3609' RDB

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: Fix Casing Leak & PxA ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

MI x RUSU
POH x TBG
Perform cmt squeeze on casing leak as per cmt brief attached
WOC. Test to 500 psi for 30 minutes.
Spot 100' cmt plug at 2867-2967'.
Spot 10' cmt plug at surface.
Install PxA marker. Cut off wellhead
RD. MOSU.

PxA Changes as per our attached sheet

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 5/28/92
713/
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY [Signature] TITLE Eddy DATE 5/1/92
CONDITIONS OF APPROVAL, IF ANY: