

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

NOV 14 '88

PAGE #2

O. C. D.
ARTESIA OFFICE

1a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. NM-5665

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEIN 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 Anadarko Petroleum Corporation	8. Farm or Lease Name Amoco State "36"
3. Address of Operator P. O. Drawer 130, Artesia, New Mexico 88211-0130	9. Well No. 1
4. Location of Well UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 17S RANGE 30E	10. Field and Pool, or Wellcut GB-J-SR-Q-GB-SA
15. Elevation (Show whether DF, RT, GR, etc.) 3591.5 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 JOBS ☐	
		OTHER Completion and P&A ☒	

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.

13. Set CIBP @ 546' and dumped 50' cement on top. This plug covers top of salt.
14. Set CIBP @ 450' and dumped 50' cement on top. This plug covers 8-5/8" casing shoe.
15. Spotted 50' surface plug. Set P&A marker; cleaned location and cut anchors off below surface.

NOTE: Will cover pits when they dry up.

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

SIGNED Mr. Buswell TITLE Field Foreman DATE 11/10/88

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: