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

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-12843

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A WELL IN AN OIL OR GAS RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	Empire South Deep Unit
Amoco Production Company	8. Farm or Lease Name
3. Address of Operator	Empire South Deep Unit
P. O. Box 68, Hobbs, New Mexico 88240	9. Well No.
ARTESIA, OFFICE	10
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM	Wildcat Wolfcamp
THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 28-E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3687.4 RDB	Eddy

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Moved in service unit 6-30-82. Swab tested 17 hours. Recovered 290 barrels of water with no oil and no gas. Moved out service unit 7-2-82. No further report until additional work performed.

Q+4-NMOCDA 1-HOU 1-W. STAFFORD, HOU 1-DMF

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

SIGNED Mark Furman TITLE Assist. Admin. Analyst DATE 7-26-82

APPROVED BY Mike Walker TITLE OIL AND GAS INSPECTOR DATE JUL 29 1982

CONDITIONS OF APPROVAL, IF ANY: