

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JAN 17 1983

Form C-101  
Revised 12-1

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SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

O O D  
ARTESIA OFFICE

5a. Indicate Type of Lease  
State  Fee

5b. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Rio Siete
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>20-S</u> RANGE <u>25-E</u> N.M.P.M.	10. Field and Pool, or wildcat Wildcat Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3366' GL	12. County Eddy

16. 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

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

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.

Pump tested well 3 days. Recovered 16 barrels of oil, 15 barrels of water and 0 mcf gas per day. Completed 1-10-83.

0+5-NMOCD,H 1-HOU 1-W. Stafford, HOU DMF

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

SIGNED Mark Freeman TITLE Assist. Admin. Analyst DATE 1-14-83

APPROVED BY \_\_\_\_\_ TITLE Original Signed By Leslie A. Clements Supervisor District II DATE JAN 18 1983

CONDITIONS OF APPROVAL, IF ANY: