

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dst
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

RECEIVED
APR 12 1993

WELL API NO.

30-015-23292

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Alley Com

8. Well No.

1

9. Pool name or Wildcat

Boyd Morrow

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 (Loan 17.180)

4. Well Location

Unit Letter E : 2080 Feet From The N Line and 560 Feet From The W Line

Section 1

Township 19 S

Range 25 E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3463.5 GR

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: ☐

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. RUSU.
- POH x PROD EQPT.
- rih w/ cibp x set at 8950'. cap w/ 35' cmt. LOAD HOLE w/ MUD.
- spot 100' cmt plug from 7288'-7188' (penn).
- spot 100' cmt plug from 5705'-5605' (wolfcamp).
- spot 100' cmt plug from 3675'-3575' (bone springs).
- spot 100' cmt plug from 1355'-1255' (9 5/8" shoe) and tag.
- PERF BELOW 13 3/8" SHOE AT 450' X pump 100' cmt plug from 450'-350' inside and outside of 5 1/2" csg and tag.
- CAP X 10' CMT AT SURFACE x steel plate x marker x clean location.
- RD. MOSU.

Notify N.M.N.R.C. in accordance with Rule 1103.

*revised proposal, original proposal submitted 4/92

Plugging

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

SIGNATURE

Matthew C. Wines

TITLE

Business Analyst

DATE

4/6/93

TYPE OR PRINT NAME

Matthew C. Wines

TELEPHONE NO. (713) 556-3744

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Bill R

DATE

4/14/93

CONDITIONS OF APPROVAL, IF ANY: