

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-015-22101
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Old Indian Draw Unit
8. Well No.	21
9. Pool name or Wildcat	Indian Draw - Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3093.7' GR

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injector	2. Name of Operator Amoco Production Company
3. Address of Operator P. O. Box 3092, Houston, TX 77253	4. Well Location Unit Letter 0 : 330 Feet From The South Line and 2283 Feet From The East Line Section 7 Township 22-S Range 28-E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
		PLUG AND ABANDONMENT <input type="checkbox"/>
		CASING TEST AND CEMENT JOB <input type="checkbox"/>
		OTHER: Tested packer & tubing <input checked="" type="checkbox"/>

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.

RUSU 2/8/91

Tested packer & tubing & no leak found.

Returned to injection

RDSU 2/8/91

BWO: 200 BO X 400 BW

AWO: 241 BO X 206 BW

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 3/15/91

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE NO 713/596-7686

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR DISTRICT II

APPROVED BY MIKE WILLIAMS DATE MAR 27 1991

CONDITIONS OF APPROVAL, IF ANY: