Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

dsl
DP

WELL API NO.
30-015-22101

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
NM-0415688-A

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.)

7. Lease Name or Unit Agreement Name
Old Indian Draw Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

2. Name of Operator
Amoco Production Company ✓

8. Well No.
21

3. Address of Operator
P. O. Box 3092, Houston, TX 77253-3092 (Room 16.110)

9. Pool name or Wildcat
Indian Draw - Delaware

4. Well Location
Unit Letter O : 330 Feet From The South Line and 2283 Feet From The East Line

Section 7 Township 22-S Range 28-E NMPM Eddy County

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

11. 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	☐			CASING TEST AND CEMENT JOB	☑		
OTHER:	☐			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.

- RUSU 6-22-92 X PULL INJECTION EQUIP TO LOCATE POSSIBLE CASING/TUBING LEAKS
- INSPECT TBG X PKR FOR LEAKS AS PULLED
- RIH W/BRIDGE PLUG X PKR X ATTEMPT TO LOCATE LEAK IN CSG
- NO LEAKS FOUND RETURNED TO INJECTION
- RDMOSU 6-22-92

AUG 2 1 1992
O. C. D.
HOBBS, OFFICE

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

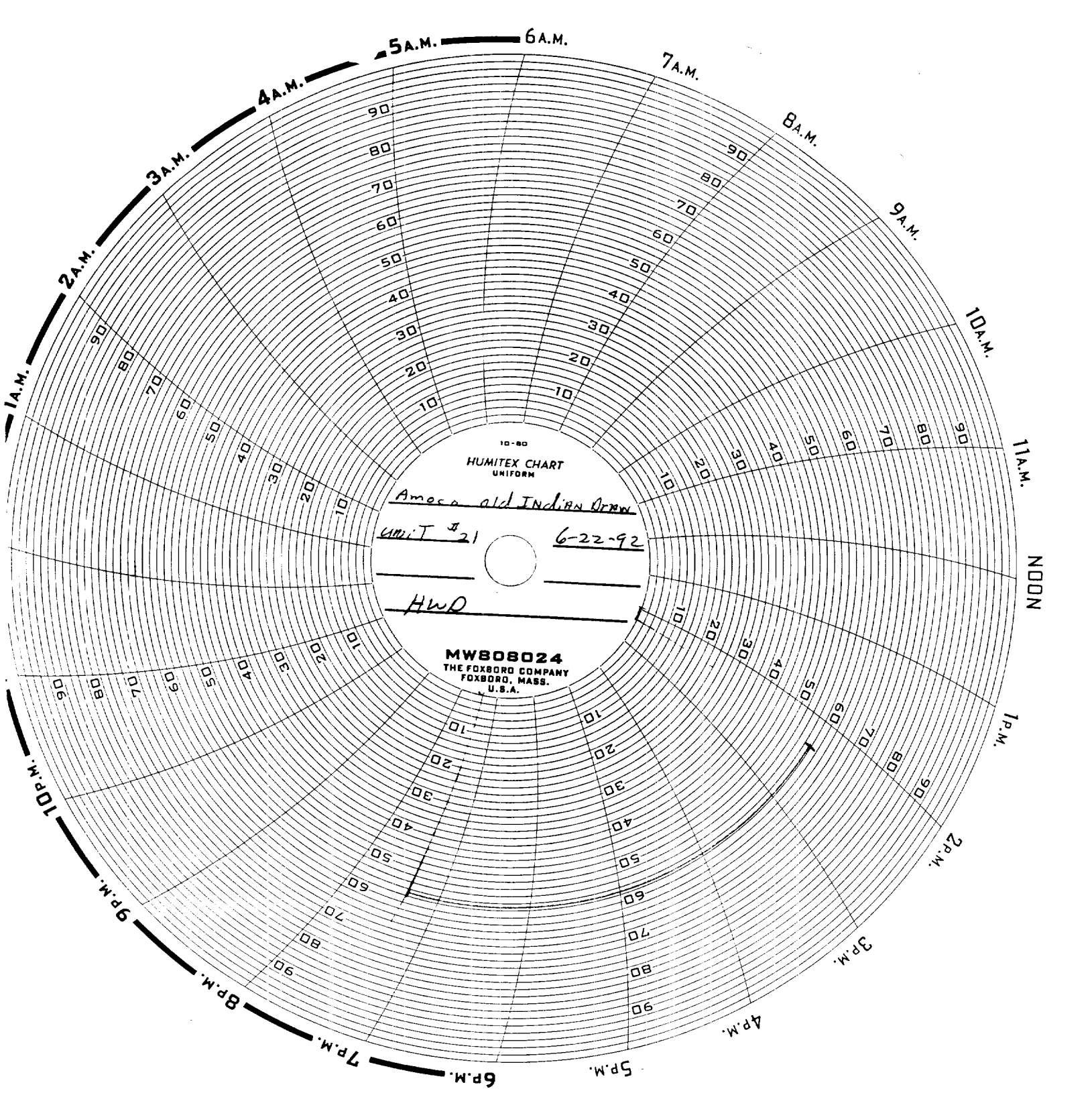
SIGNATURE Adrienne Prince TITLE Staff Assistant DATE 8-19-92

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE AUG 2 8 1992

CONDITIONS OF APPROVAL, IF ANY:


10-80
HUMITEX CHART
UNIFORM
Amoco Old Indian Draw
Unit # 21
6-22-92
HWD
MW8080024
THE FOXBORO COMPANY
FOXBORO, MASS.
U.S.A.
12 NOON
1 P.M.
2 P.M.
3 P.M.
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