

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

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

WELL API NO.
30-015-22703

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

RECEIVED

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator
Amoco Production Co

3. Address of Operator
P.O. Box 3092 Houston TX 77253

4. Well Location
Unit Letter C : 660 Feet From The N Line and 2080 Feet From The W Line
Section 20 Township 23S Range 29E NMPM County

8. Well No.
1

9. Pool name or Wildcat
Undesignated Morrow (Gas)

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2936.3 GL

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: Abandon Atoka, Re-enter Morrow ☒	

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.

MIRUSU: 8/27/92

Kill Well. Pull Prod Equip. Do Salt, Scale 3 Cmt to 12127. CMT RET set at 11972. Sq? Atoka Perfs (12040-12050) w/45 SA CMT (38 in FM, 7 in CSG). DO to 11654. Test CSG to 1500 PSI-OK. DO to 11789. TEST CSG to 1500 PSI-OK. Drill/kill CMT, CIBP's, Junk to 12879. Tag PBTD @ 13322. Load TBG to 9893, Test TBG to 6000 PSI-OK. Test free to 8000 PSI-OK. Test CSG to 1000 PSI-OK. Shut-in well to await Sales connection. * Connected to Sales 10/7/92 (EPNG) RD MOSU: 10/01/92 10/12/92 Test 858 MCFD, 121 BWPD, 7 BCPD

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

SIGNATURE Matthew C. Wines TITLE Admin. Analyst DATE 10/13/92
TYPE OR PRINT NAME Matthew C. Wines Rm 16.112 TELEPHONE NO. (713) 556-3741

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

NOV 4 1992

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: