

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

JUN 1 1992

C. L. D.

WELL API NO.

30 015-22779

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 3092 (Rm 17.182) Houston, TX 77253-3092 (713)596-7686

4. Well Location

Unit Letter I : 1980 Feet From The South Line and 1980 Feet From The EAST Line

Section 18

Township 23-S

Range 28-E

NMPM

Eddy, NM

County

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

3062.2 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: ☒ Dispose Waters

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.

Amoco hereby requests approval to amend and/or add additional disposal site for the above well.
Shown below is detailed information pertaining to the site.

1. Formation producing water: Htoka

2. Average bbls of water per day: Less than 1 bbl per day

3. Water storage: One 500 Bbl Tank

4. How water is moved: Rowland Trucking

5. Primary disposal site: Amoco's Old Indian Draw waterflood Project

Secondary disposal site:
(If applicable)

Sec 7, 18 & 19, T-22-S, R-28E
Springs Unit Well No. 2
Sec 27, T-20-S, R-26-E

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

SIGNATURE

Devina M. Prince

Devina M. Prince,

Staff Assistant

DATE 5-24-93

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 1 1993