

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

WATER CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State ☒	For ☐
5. State Oil & Gas Lease No.	
L-4683	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Firm or Lease Name State II
3. Address of Operator P. O. Box 68 Hobbs, NM 88240		9. Well No. 1
4. Location of Well UNIT LETTER J, 1880 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 24-S RANGE 27-E NMPM.		10. Field and Pool, or Wildcat Wildcat Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3201.2 GL		12. County Eddy

16. 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 OPERATIONS ☐	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

17. 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.

Drilled to a TD of 12001' and ran 7-5/8" 39# S-95 SFJP casing set at 12001'.
Cemented with 100 SX Lite cement and 500 SX Class H cement. Top of liner at 8868'.
Plugged down 12:30 p.m. 6-29-80. WOC 20 hr. Reduced hole to 6-1/2" and resumed drilling.

RECEIVED

JUL 16 1980

O. C. D.
ARTESIA, OFFICE

0+4-NMOCD, A 1-Hou 1-Susp 1-LBG 1-Mesa 1-HNG
1-Northern Natural

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 7-15-80

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: