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

Santa Fe File	✓	✓
BLM		
Land Office		
B of M		✓
Operator	✓	

Form C-103
Revised 1-1-89

WELL API NO. 30-015-23380

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. LB-5172

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.)

RECEIVED
JUL 06 '89
O. C. D.
ARTESIA, OFFICE

7. Lease Name or Unit Agreement Name: State IN

1. Type of Well: OIL WELL ☐ GAS WELL ☑ OTHER

2. Name of Operator: Amoco Production Company

8. Well No. 1

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

9. Pool name or Wildcat: Mosley Canyon Strawn

4. Well Location
Unit Letter G : 1984 Feet From The North Line and 1966 Feet From The East Line

Section 1 Township 24S Range 24E 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: Recomplete from Morrow to Strawn	☑		

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.

MISU 4-14-89. Set CIBP @ 10240' x cap w/ 35' cmt. Perf 9240'-9265' w/ 4 JSPF at 90 degree phasing. Set packer @ 9027'.
Rig released 4-18-89

Post ID-2
7-14-89
P & A mm.

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

SIGNATURE Amelia Hartman TITLE Asst. Admin. Analyst DATE 6-30-89

TYPE OR PRINT NAME Amelia Hartman TELEPHONE NO. (713) 584-744

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE JUL 7 1989

CONDITIONS OF APPROVAL, IF ANY: