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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
DEC 16 1981

Form C-103  
Revised 10-1-

O. C. D.  
ARTESIA, OFFICE

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Veraguth Com.
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER 0 990 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 23-S RANGE 28-E NMPM.	10. Field and Pool, or Wildcat Und. Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3065.8 GL	12. County Eddy

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 605'. Ran 9-5/8" casing set at 605'. Cemented with 600 sacks Class C Neat cement. Circulated 20 sacks. WOC 18 hrs. Tested casing to 600 PSI for 30 min. Tested OK. Went back in hole with 8-1/2" bit. Currently drilling.

0+4-NMOCD, A 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

SIGNED Mark Freeman TITLE Assist. Admin. Analyst DATE 11-20-81

APPROVED BY Mark Williams TITLE OIL AND GAS INSPECTOR DATE DEC 18 1981

CONDITIONS OF APPROVAL, IF ANY: