

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

RECEIVED

DEC 6 1982

4. Indicate Type of Lease
State ☒ For ☐
5. State Oil & Gas Lease No.
LG-589

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company ✓ 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 12 TOWNSHIP 24-S RANGE 27-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3092' GL 12. County Eddy		6. Unit Agreement Name 7. Farm or Lease Name State MS Gas Com 9. Well No. 1 10. Field and Pool, or Wildcat Und. Morrow
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER _____		Status update	

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 TD of 12780'. Rig released 10-14-82. Moved in service unit 10-24-82. Ran 2- 7/8" tailpipe and tubing. Tailpipe landed at 12064'. Packer set at 9050'. Swabbed 8 hours. Recovered 235 BW. Flowed well 136 hours. Recovered 529 BW and 6555 MCF gas. Rigged up test equipment and ran 4 point test. Results will follow. Completed well 11-12-82.

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

SIGNED Mark L. Brown TITLE Assist. Admin. Analyst DATE 12-3-82

Original Signed By
APPROVED BY Leslie A. Clements TITLE _____ DATE DEC 8 1982
CONDITIONS OF APPROVAL, IF ANY: