Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89	dst
	vy

DISTRICT			
DO D 1000	II-LL-	ND/	003

OIL CONSERVATION DIVISION

P.O. Box 19	NM	88240

P.O. Box 2088 CEIVED Santa Fe, New Mexico 87504-2088

30-015-26264 5. Indicate Type of Lease

WELL API NO.

DISTRICT II	Santa Fe, New Mexico	87504-2088	30-013 26264	
P.O. Drawer DD, Artesia, NM 88210		FP 0 8 1992	5. Indicate Type of Lease STATE FEE	7
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	``	D. C. D.	6. State Oil & Gas Lease No.	<u>-</u> -
SUNDRY NOTICES AND REPORTS ON WELLS				
	ALS TO DRILL OR TO DEEPEN L. USE "APPLICATION FOR PEIFOR SUCH PROPOSALS.)	OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL WELL	OTHER		JASSO UNIT	
2. Name of Operator Amoco Production	Company K	m. 16.108	8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	-
P. O. Box 3092 Ho 4. Well Location	50510N, 1x //	435	LOVING DELAWARE EAST	
Unit Letter I : 1864	Feet From The SOUTH	Line and 3≤	O Feet From The EAST L	ine
Section 22	Township 23-5 Ra 10. Elevation (Show whether	inge 28-E	NMPM EDDY County	,,
	10. Elevation (Show whether 3022.3			
11. Check App	ropriate Box to Indicate		eport, or Other Data	22
NOTICE OF INTEN	•		SEQUENT REPORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER: Perf. Additional	Pay-Loving	OTHER:		
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, a	nd give pertinent dates, incli	iding estimated date of starting any proposed	
MIRU X SU				
POH W/ PRODUCTIO	N EQUIPMENT			
RIH w 35/8" CS	SG. GUN			
PERF FROM 611C	-6143' W/4 3	TSPF		
POH X RIH W/	PRODUCTION EQU	IPT X RETU	RN TO PRODUCTION	
·				
I hereby certify that the information above as true and	complete to the best of my knowledge an	 4 belief.		
SIGNATURE H. J. Blain			Analyst DATE 9-4-92	
TYPE OR PRINT NAME H. I. BLAC			, TELEPHONE NO. 7/3-584	/ <u>-</u> -
200				

ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS

SEP 1 1 1992

SUPERVISOR, DISTRICT II TIME -APPROVED BY -CONDITIONS OF APPROVAL, IF ANY: Property and any and an approved approximately