

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-26683

5. Indicate Type of Lease
STATE ☒ FEE ☒

6. 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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amoco Production Company

3. Address of Operator Attn: T G Tullos, M/C 17.166
P O Box 4891, Houston, TX 77210

4. Well Location
Unit Letter L : 2074 Feet From The South Line and 444 Feet From The West Line
Section 22 Township 23-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3028.1 GR

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

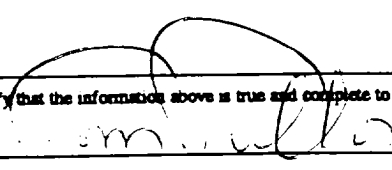
MIRUSU 11/11/96 x dig out cellar x rih x bit x scraper x poh x rih x cibp
x set at 6050 x test x 525 psi x cap cibp x 35' cement x disp csg x 10# gel
bw mud x set cmt plugs at 2203-2450 x 371-618 x tag plug x ok x 15' surf
plug x cut off well-head x install p x a marker x RDMOSU 11/15/96

Plug 2203-2450 - cmt x 25 sx Class C x 14.8 ppg x yield 1.320 x vol 6 (bbls)

Plug 371-618 - cmt x 25 sx Class C x 14.8 ppg x yield 1.320 x woc 14 hr x
tag plug x ok

Plug surface - spot 13 sx cmt (3.1 bbl) surface plug x cut off wh x cap
x steel plate x install p x a marker x fill in cellar

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

SIGNATURE 

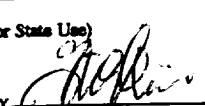
TITLE Sr. Business Analyst

DATE 11/20/96

TYPE OR PRINT NAME Tom G. Tullos

TELEPHONE NO. 366-7337

(This space for State Use)

APPROVED BY 

TITLE Field Rep

DATE 9/11/97

CONDITIONS OF APPROVAL, IF ANY: