

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
OPERATOR	/

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 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 560 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 23-S RANGE 28-E NMPM.	RECEIVED AUG 13 1982 O. C. D. ARTESIA, OFFICE	7. Unit Agreement Name 8. Farm or Lease Name Williams Gas Com 9. Well No. 1 10. Field and Pool, or Wildcat Und. Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 2988.8 GL	12. County Eddy	

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 checked="" 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 JOBS <input type="checkbox"/>	

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.

Moved in service unit 7-29-82. Killed well. Pulled packer and tubing. Ran CIBP set at 12450'. Tested to 1000 PSI. Tested O.K. Capped with 35' of cement. Ran packer and tubing. Packer set at 9747' and tailpipe landed at 11727'. Currently flow testing.

1-NMOCD,A 1-HOU 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 8-11-82
APPROVED BY Leslie A. Clements TITLE SUPERVISOR, DISTRICT II DATE AUG 12 1982
CONDITIONS OF APPROVAL, IF ANY:

Postpaid Zone Per
(min)
8-24-82