

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
SEP 17 1982

Form C-103
Revised 10-1

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Williams Gas Com
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
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.	10. Section of Und. Und. Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 2988.8 GL	12. County Eddy

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 <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.

Started flow testing well 8-19-82. Flow tested 4 days. Recovered 1410 MCF. SI well.
Completed well 9-15-82.

O+4-NMOCD,H 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 9-15-82
APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE JAN 22 1983
CONDITIONS OF APPROVAL, IF ANY: