STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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 ☐ GAS WELL ☒ OTHER-

7. Unit Agreement Name

2. Name of Operator
Amoco Production Co.

8. Farm or Lease Name
Anderson Gas Com"B"

3. Address of Operator
501 Airport Drive, Farmington, N M 87401

9. Well No.
1

4. Location of Well
UNIT LETTER K 1470 FEET FROM THE south LINE AND 1660 FEET FROM THE west LINE, SECTION 28 TOWNSHIP 29N RANGE 10W NMPM.

10. Field and Pool, or Wildcat
Otero Chacra

15. Elevation (Show whether DF, RT, GR, etc.)
5520' GR

12. County
San Juan

16.

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 completion	☒		

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 and rigged up service unit on 2-25-85. Total depth of the well is 3060' and plugback depth is 3020'. Pressure tested production casingto 4000 psi. Perforated the following intervals: 2778'-2794', 2868'-2888', 4jspf, .50" in diameter, for a total of 144 holes. Fraced Chacra interval2778'-2888' with 100,000 gal 70 quality foam and 180,000 #10-20 mesh sand.

Landed 2-3/8" tubing at 2895' and released the rig on 3/4/85.

RECEIVED
MAR 22 1985
OIL CON. DIV.
DIST. 3

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

SIGNED _____ TITLE Adm. Supervisor DATE 3/20/85

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE MAR 2 1985