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Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-21618

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
NM-0415688-A

7. Lease Name or Unit Agreement Name
Old Indian Draw Unit

8. Well No.
5

9. Pool name or Wildcat
Indian Draw - Delaware

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 G-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER Water Injector

2. Name of Operator
Amoco Production Company ✓

3. Address of Operator
P. O. Box 3092, Houston, TX 77253-3092 (Room 16.110)

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 18 Township 22 Range 28 NMPM Eddy County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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"/>		CASING TEST ARRANGEMENTS <input checked="" type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

- RUSU 6-17-92 X PULL INJECTION EQUIP TO LOCATE POSSIBLE CASING/TUBING LEAKS
- INSPECT TBG X PKR FOR LEAKS AS PULLED
- RIH W/BRIDGE PLUG X PKR X ATTEMPT TO LOCATE LEAK IN CSG
- MIRUSU X LOAD CSG X 15 BW CIRC OUT TGB X RTXIB X LD INJ TBG X PKR X R BAKER LOCK SET NICKLE COATED X DUROLINE 2-3/8 TBG X PMP PKR FLUID X UNABLE TO SET PKR BELOW 3071 X PSA 3071 X TST X 500 PSI X OK
- REPAIRED PACKER LEAK AND RETURNED TO INJECTION
- RDMSU 6-17-92

AUG 21 1992
O. C. D.
ARTESIA OFFICE

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

SIGNATURE Diana Princi TITLE Staff Assistant DATE 8-19-92

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

For Record Only

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: