

OIL CONSERVATION DIVISION RECEIVED

P. O. BOX 2088
SANTA FE, NEW MEXICO 87500

Form C-103
Revised 10-1-78

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SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

AUG 25 1981

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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER _____

2. Name of Operator
Amoco Production Company ✓

3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER N, 910 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 23-S RANGE 28-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Fate

9. Well No.
1

10. Field and Pool, or Subcat
Und. Eddy Morrow

11. Elevation (Show whether FE, RT, GR, etc.)
3038.4 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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING

TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING OTHER _____ CASING TEST AND CEMENT JOB OTHER _____

OTHER _____

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.

On 8-17-81 ran 380' of 16", 65#, H-40 surface casing. Casing set at 403'. Cemented with 420 sacks Class C with 1% CaCl. Circulated 50 sacks. WOC 18 hrs. Pressure tested to 600 psi and tested OK. Reduced hole to 14-3/4" and resumed drilling.

0+6-NMOCD, A 1-Hou 1-Susp 1-W. Stafford, Hou 1-HNG Oil 1-MDR

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

SIGNED Mark Randolph TITLE Assist. Admin. Analyst DATE 8-24-81

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE AUG 26 1981

CONDITIONS OF APPROVAL, IF ANY: