

N. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

DEC 19 1979

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-0401
7. Unit Agreement Name
6. Farm or Lease Name State GK
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat Wolfcamp
12. County DeBaca

SUNDY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
1. Name of Operator Amoco Production Company		
2. Address of Operator P. O. Box 68, Hobbs, NM 88240		
3. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>1-N</u> RANGE <u>26-E</u> NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.)
3955.7 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ Status Report

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Well is currently shut-in pending additional testing. Testing will resume approx. 1-1-80.

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

SIGNED Bob Laws TITLE Assist. Admin. Analyst DATE 12-18-79
APPROVED BY W.A. Gussie TITLE SUPERVISOR, DISTRICT II DATE DEC 19 1979

CONDITIONS OF APPROVAL, IF ANY:

0+4 NMOCD-A, 1-Hou, 1-Susp, 1-BD