

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L-5097	

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	RECEIVED FEB 05 1981
Name of Operator			7. Unit Agreement Name
Amoco Production Company			8. Farm or Lease Name
Address of Operator			State IF Com.
P. O. Box 68 Hobbs, NM 88240			9. Well No.
Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM			Und. Hoag Tank Morrow
THE West LINE, SECTION 16 TOWNSHIP 19-S RANGE 24-E NMPM.			

15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3737.3 GL	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	Perforations <input type="checkbox"/>

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 service unit and perforated 8510'-8520' with 4 JSPF.

0+4-NMOCD, A 1-Hou 1-Susp 1-W. Stafford, Hou 1-LBG

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

SIGNED Benton Green TITLE Assist. Admin. Analyst DATE 2-2-81

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE FEB 11 1981

CONDITIONS OF APPROVAL, IF ANY: