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| NO. OF COPIES RECEIVED |] 766 x 9 13/1 | Form C-103 | |
|---|--|--|--|
| DISTRIBUTION | OTE CONSERVATION COMM, | Supersedes Old C-102 and C-103 | |
| SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION | Effective 1-1-65 | |
| FILE | · | | |
| U.S.G.S. | | 5a. Indicate Type of Lease | |
| LAND OFFICE | | State Fee X | |
| OPERATOR | | 5. State Oil & Gas Lease No. | |
| | | mmmmm- | |
| 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 GAS WELL WELL | OTHER- | 7, Unit Agreement Name | |
| 2. Name of Operator Amoco Production Con | npany | 8. Farm or Lease Name | |
| 3. Address of Operator | · · · · · · · · · · · · · · · · · · · | 9. Well No. | |
| BOX 68, HOBBS, N. M. 88240 | | 8 | |
| 4. Location of Well | 630 FEET FROM THE SOUTH LINE AND 877 FEET | 10. Field and Pool, or Wildcat FROM FUMONT | |
| 11/557 | on 6 township 21-5 range 37-E n | | |
| THE LINE, SECTION | ON TOWNSHIP RANGE N | MPM. (()) | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County | |
| 16. Check | Appropriate Box To Indicate Nature of Notice, Report or | Other Data | |
| | | ENT REPORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING | |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOB | <i>L</i> | |
| | OTHER COMPLETE | lou X | |
| OTHER | | • | |
| 17. Describe Proposed or Completed Opwork) SEE RULE 1 103. | perations (Clearly state all pertinent details, and give pertinent dates, inclu | ding estimated date of starting any proposed | |
| : | | , | |
| On 11-12-71, 4/2 | "OD 9.5#-10.5# Clising wa cor meat + 0.75% CFR-1. | D DT @ 3718 | |
| W1500 DU D | 2001. ment - 0759 050-1 | Tooled Carino | |
| 11/1/1000 00 / | 20 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Sister carry | |
| W/ 1600 ps/ yo/ | c 30 muc Sest O.K. a flex | L WOE | |
| appy 48 h | rs. Personated intervals | 3624-26 41 44.56 | |
| 61 67 71 81 86 0 | 30 min Test O.K. a fler no. Perso vated intervals 10, 96:99, 8709, 15-17, 27-29, 4/25PF. | | |
| 01, 01, 14, 01, 00, 3 | 0, 96.99, 8109, 13-11, 21-23, 1923PF. C | ucazea "//000gal | |
| 15% NE & FRACED | m/ 40,000 galgel hine + 66,250 " 3 | and. Evaluated | |
| | · · · · · · · · · · · · · · · · · · · | • | |
| PT- Pmp 100 | BO + 20 BLW 24 hrs. | | |
| 7779 | 20 13200 24 1000. | | |
| | | | |
| | | | |
| | | • | |
| | • | | |
| | | | |
| 18. I hereby certify that the information | above is true and complete to the st of my knowledge and belief. | | |
| - W 7: | | | |
| | AREA SUPERINTENDENT | DATE 12-6-71 | |
| SIGNED | TITLE | | |
| 0+ 5 NWOCK- H) | | m. nec 8 1971 | |
| APPROVED BY | While SUPERVISOR DISTRIC | TI DEC 8 19/1 | |
| 1-SISD / 1/6 | | A A DAIL | |
| CONDITIONS OF APPROVAL, IF ANY | : | DATE | |