STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| HE, O' ENPIRE RECEIVES | T | | |
|------------------------|---------------|---|--|
| DISTRIBUTION | 1 | | |
| SANTA FR | 1 | | |
| アルモ | 1 | | |
| U.S.G.S. | <u> </u> | | |
| LAND OFFICE | 1 | | |
| 02534703 | - | _ | |

OIL CONSERVATION DIVISION

| SANTA FE | | | Form C-103 · |
|---|--|--|--|
| FILE | SANTA FE, N | EW MEXICO 87501 | Revised 10-1-7 |
| U.S.G.S. | | , | 54. Indicate Type of Lease |
| OPERATOR | | | State X Fee 5. State OH & Gas Leaso No. |
| | | | K-4104 |
| | NOTICES AND REPORTS | | |
| OIL GAS | OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator | | | d, Farm or Lease Name |
| Amoco Production Compar | าง | | State "K" |
| P. O. Box 68, Hobbs, NM | 1 88240 | | 9. Well No. |
| UNIT LETTER A 660 FEET FROM THE NORTH LINE AND 660 FEET FROM | | Vada Penn | |
| THE East LINE SECTION | 2 TOWNSHIP 10- | S 8486E 33-E | MANUAL MA |
| | 15. Elevation (Show who | ther DF, RT, GR, etc.) | 12. County Lea |
| Check App NOTICE OF INTE | ropriate Box To Indicat | e Nature of Notice, Report | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | 7 |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | ALTERING CASING PLUG AND JIBANDONAIENT |
| PULL OR ALTER CASING | CHANGE PLANT | CASING TEST AND CEMENT JOB | |
| OTHER | | OTHER | |
| 17. Describe Proposed or Completed Operationally SEE RULE 1103. | ions (Clearly state all pertinent | details, and give pertinent dates, inc | luding estimated date of starting any propose. |
| Run a retrievable bridg 9635' and pressure tes cement squeeze. If no hole and set. Pull up | pump, and tubing. The plug, treating pa t. If casing leak leak is found, run and set packer at a ioactive slug below | Run overshot and retricker, and tubing. Set is found, a supplementathe retrievable bridge pprox. 9600'. Run base perfs. Eiect radioact | rive slug at nerfs (9649 |
| | 1-SUSP 1-CL ⁼ | - | |
| 13. I hereby certify that the information above | e is true and complete to the be | est of my knowledge and belief. | |
| · Cathy L. Forma | 22 TITLE | Assistant Admin. Analy | st6-23-82 |
| ORIGIT - | | | 31327 0 2 3000 |
| CONDITIONS OF APPROVAL, IF ANY: | T T C E | | DATE 101 25 1982 |