## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| Me. OF COPICE RECEIVES |      |
|------------------------|------|
| DISTRIBUTION           |      |
| BANTA FE               |      |
| FILE                   |      |
| U.S.O.S.               | <br> |
| LAND OFFICE            | <br> |
| OPERATOR               |      |

CONDITIONS OF APPROVAL, IF ANYI

0+4 NMOCD-H 1-Hous 1-Susp 1-BD

## OIL CONSERVATION DIVISION

Form C-103

| DISTRIBUTION  | SANTA FE, NEW                               |   | Revised 10-1-                           |
|---|---|---|---|
| FILE  | SANTA PE, NEW                               | MEXICO 6/301                              | Sa. Indicate Type of Lease              |
| y.s.o.s.  |   |   | State Fee                               |
| LAND OFFICE   |   |   | 5. State Oil & Gas Lease No.            |
| OPERATOR  | l   |   | Lederal                                 |
|   |   | WELLC                                     | Milling                                 |
| SUNDR SUNDR THE FORM FOR PAGE                             | Y NOTICES AND REPORTS ON                    | WELLS<br>ACK TO A DIFFERENT RESERVOIR.    |   |
| USE MAPPLICATI  | POSALS TO BRILL ON TO DEEP IN THE PLUG OF   | R PAGPOTACS.                              | 7, Unit Agreement Name                  |
| . 01. [X] 643   |   |   |   |
| Name of Operator  | OTHER-                                      |   | 8. Farm or Leuse Name                   |
| Amoco Production Compa                                    | ny  |   | Midwest F Federal                       |
| , Address of Operator                                     | 11.5  |   | 9. Well No.                             |
| P. O. Box 68, Hobbs, N                                    | M 88240                                     |   | 1 1                                     |
| . Location of Well  |   |   | 10. Field and Pool, or Wildcat          |
| V   | 1980 FEET FROM THE South                    | LINE AND 1980 FEET PROP                   | Vada Penn                               |
| UNIT LETTER   |   |   |   |
| West  | 26  | RANGE 33-E NMPM                           |   |
| THE LINE, SECTION   |   |   | 777777777                               |
|   | 15. Elevation (Show whether                 | DF, RT, GR, etc.)                         | 12. County                              |
|   | 4312 DF                                     |   | Lea                                     |
| Check   | Appropriate Box To Indicate N               | Nature of Notice, Report or O             | her Data                                |
|   | NTENTION TO:                                | SUBSEQUEN                                 | T REPORT OF:                            |
|   |   |   | г                                       |
| PERFORM REM C.AL 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                | ٢                                       |
|   |   | OTHER                                     |   |
| OTHER   |   |   |   |
|   | operations (Clearly state all pertinent des | vails and give pertinent dates, including | g estimated date of starting any propos |
| 17. Describe Proposed or Completed O work) SEE RULE 1103. | perations (Crearry state are perment ass    | ,   |   |
|   |   |   | • .                                     |
|   |   |   |   |
| To comply with casing                                     | leak survey regulations                     | the attached diagram is                   | furnished to                            |
| show the location of t                                    | he bradenhead outlets fo                    | r the surface, intermedi                  | ate, and                                |
| tubing annulus below q                                    | round level. All above                      | ground connections are p                  | roperly identified.                     |
| babing amaras seren g                                     |   |   |   |
|   | ·   |   |   |
|   |   |   |   |
|   | •   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   | •   |   |   |
|   |   |   |   |
|   |   |   |   |
|   | •   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| 18. I hereby certify that the information                 | on above is true and complete to the best   | of my knowledge and belief.               |   |
|   | ( )   |   |   |
| [ KX/+ )  | Laura                                       | Admin, Analyst                            | DATE 4-21-80                            |
| - IUNED   |   |   |   |
| Dr  | lg. Signed by                               |   | APP 34 196                              |
| / Jei   | rry Sexton                                  |   | DATE                                    |
| ARRENA BY   | 1. Supv. YITCE                              |   |   |