

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	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

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 - I" (FORM C-101) FOR SUCH PROPOSALS.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection well	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Cato Basket Press. Maintenance Proj.
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 4
4. Location of Well UNIT LETTER I, 1980 FEET FROM THE South LINE AND 700 FEET FROM THE East LINE, SECTION 11, TOWNSHIP 8-S, RANGE 30-E, NADPM	10. Field and Pool, or Wildcat Cato San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4168' RDB	12. County Chaves

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

To comply with casing leak survey regulations, the attached diagram is furnished to show the location of the bradenhead outlets for the surface, intermediate, and tubing annulus below ground level. All above-ground connections are properly identified.

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

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 7-11-80

APPROVED BY Orig. Signed by Jerry Sexton Dist. L. Supv. TITLE DATE JUL 18 1980

CONDITIONS OF APPROVAL, IF ANY:



Amoco Production Company,
ENGINEERING CHART

SHEET NO. _____ OF _____

FILE _____

APPN _____

DATE _____

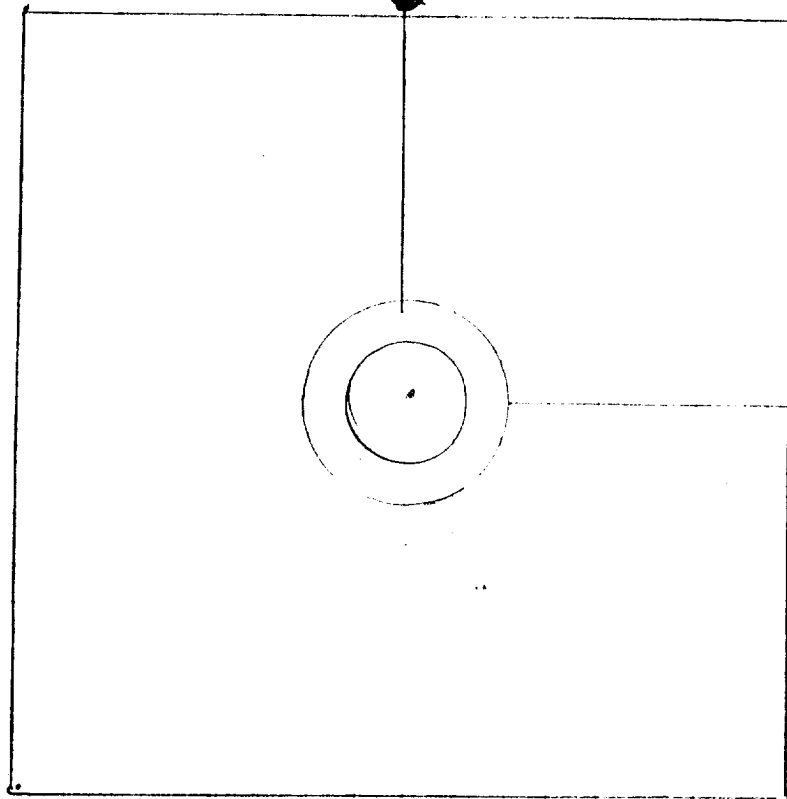
BY _____

SUBJECT _____

N

SURFACE

Cato Basket
Pres. Maint. # 4



Oil String L