

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

N. OIL CONS. COMMISSION Form C-103  
P. O. BOX 1980  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

HOBBS, NEW MEXICO 88240

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

NM - 046153A

7. Lease Name or Unit Agreement Name

33

Miller Federal

8. Well No.

4

9. Pool name or Wildcat

Tom-Tom

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. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

American Exploration Company

3. Address of Operator

P. O. Box 1885 Eunice, NM 88231

4. Well Location

Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line

Section

33

Township

7S

Range

31E

NMPM

Chaves

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Casing Integrity Test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

\* Set CIBP @ 3800' (Perfs @ 3847'-3885')

\* Load csg w/phr fluid and test @ 500 psig for 15 minutes.

\* Test will be conducted @ 1:00 p.m. MST, February 8, 1989 or @  
your convenience.

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

SIGNATURE Donnie Hill TITLE Regional Superintendent DATE 1-30-89

TYPE OR PRINT NAME Donnie Hill TELEPHONE NO. 505 394-2508

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
PETER W. CHESTER

FEB 27 1989

BUREAU OF LAND MANAGEMENT