

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
AMOCO PRODUCTION COMPANY
3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER G 2305 FEET FROM THE North LINE AND 2290 FEET FROM
THE East LINE, SECTION 32 TOWNSHIP 9-S RANGE 30-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4018.6 GR

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.

K-5606

7. Unit Agreement Name

8. Form or Lease Name

State "D"

9. Well No.

3

10. Flow and Pool, or Wadcat

Und. Many Gates Wellcamp

12. County

Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEC RULE 1103.

Drilled to TD of 7500' and on 3-29-85 ran 5 1/2", 15.5 # K-55 csg. Csg set at 7506' and cemented with 1950 cwt class H self stress. Tailed in with 400 cwt class H self stress. Plug down 12:15 p.m. 3-29-85 and circulated 280 cwt cmt. Csg test will be performed when MISC

045 NMCD, H 1-JRB 1-FIN 1-GCC

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

SIGNED Mary C. Clark

TITLE Asst. Admin. Analyst

DATE 4-1-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE APR - 3 1985

CONDITIONS OF APPROVAL, IF ANY: