

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
K-5606

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 ☐

6. Name of Operator
AMOCO PRODUCTION COMPANY

7. Address of Operator
P. O. Box 68, Hobbs, NM 88240

8. 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.

7. Unit Agreement Name

8. Farm or Lease Name
State "DQ"

9. Well No.
3

10. Field and Pool, or Wildcat
Und. Mang. Lites Wolfcamp

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

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 ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER Spud ☒
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; SEE RULE 1103.)

Spud 10:30 A.M. 2-27-85. Drilled to TD of 40' and set 40' of 13 3/8" conductor. Cemented with 3 cubic yds Redi-mix. Sierra Rig #2 moved on 3-1-85. Began continuous drilling operations 3-4-85 with a 12 1/4" bit. Drilled to TD of 885' and on 3-5-85 set 9 5/8", 36#, K-55 csg. Csg set at 885'. Cemented with 425 s/s class 'C' w/add. Plug down 10:30 A.M. 3-5-85 and circ 140 s/s cmt. Woc 18 hrs, tested csg and BOP 1500 psi x DR. Reduced bit to 8 3/4" and resumed drilling.

05 NMOC, # 1-JRB 1-FJN 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 3-7-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

PROVED BY _____ DATE MAR 11 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR -3 1985

O.C.B.
HOUSE OFFICE