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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OIL OR PLUG BACK TO A DIFFERENT RESERVOIR.  
(SEE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator Amoco Production Company		5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>460</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>12 - 5</u> RANGE <u>37 - E</u> NMPM.		8. Farm or Lease Name Wingard
		9. Well No. 5
		10. Field and Pool, or Wildcat Gladiola Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3878 GL		12. County Lea

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

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

Moved-in service unit 2-13-80. Ran and set a cast iron bridge plug at 11835'.  
Ran tubing and returned to pump testing.

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

SIGNED Bob Davis TITLE Asst. Admin. Analyst DATE 2-20-80  
Orig. Signed by  
Jerry Sexton  
Dist. 1. Supv.  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: 0+4 NMOCD-H 1-Hou 1-Susp 1-BD

FEB 21 1980