

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-986

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State Dm
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 13-S RANGE 33-E NMPM.	10. Field and Pool, or Acreage Baum, North Upper Penn
15. Elevation (Show whether OF, RT, GR, etc.) 4298' RDB	12. County Lea

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 JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Propose to determine if casing leak exists and locate by pressure testing as follows: Pull rods, pump and tubing. Run tubing, seating nipple, treating packer, and retrieving head. Release retrievable bridge plug and reset at approx. 9650'. Set packer and pressure test bridge plug. Open 8-5/8" bradenhead valve and pressure test annulus between tubing and 5-1/2" casing. If leak exists, locate using retrievable bridge plug and packer and additional pressure testing. Supplemental brief will follow pending results of pressure test. Return well to production.

O+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Ferman

TITLE Assist. Admin. Analyst

DATE 4-1-82

Orig. Signed by
Les Clements

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 5 1982

RECEIVED

APR 2 1982

O.C.D.
HOBBS OFFICE