

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

Form C-103  
Revised 10-

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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-4670

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 DY
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER K 1953 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 19 TOWNSHIP 13-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Baum Upper Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4292.8 GL	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <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"/>	
OTHER Pump testing & completion			

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

Pump tested 11 days. Recovered average of 130 BO, 126 BW and 223 mcf per day. Last 24 hours recovered 137 BO, 147 BW, and 240 mcf. Completed well 2-7-83 as pumping oil well.

0+5-NMOCD,H 1-HOU 1-W. Stafford, HOU 1-DMF

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

SIGNED Mark Freeman TITLE Assist. Admin. Analyst DATE 2-08-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FEB 11 1983

RECEIVED

FEB 10 1983

O.C.D.  
NOBEL OFFICE