· · · · · · · · · · · · · · · · · · ·	,		
N ., OF COPIES RECEIVED			Form C-103
DISTRIBUTION	·		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSER	VATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		•	7.11.41.40
U.S.G.S.	•		5a. Indicate Type of Lease
LAND OFFICE	1		State Fee X
OPERATOR	i ·		5. State Cil 6 Gas Lease No.
•			
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO CRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE **APPLICATION FOR PERMIT _** (FORM C-101) FOR SUCH PROPOSALS.)			
OIL GAS WELL WELL	other- Abandon		7, Unit Agreement Name
Name of Operator			8. Farm or Lease Name
Amoco Production Company			Swearingen"B"
. Address of Operator			9. Well No.
P.O. Drawer "A", Levelland, Texas 79336			2
4. Location of Well 4			10. Field and Fool, or Wildcat
UNIT LETTER D . 554 FEET FROM THE NORTH LINE AND 604 FEET FROM			Dataman David Ba
THE West LINE SECTION	N 20 TOWNSHIP 5-S	33E	
THE MOSO LINE, SECTIO	N TOWNSHIP	RANGE JOE NMF	~ (
	15. Elevation (Show whether DF.	RT, GR, etc.)	12. County
	4426 GL	,,	(
in. Charles		( ) )	Roosevelt
Check A	Appropriate Box To Indicate Natu		
NOTICE OF IN	TENTION TO:	SUBSEQUE	NT REPORT OF:
<u>ب</u>			
PERFORM REMEDIAL WORK	PLUG AND ABANDON RE	MEDIAL WORK	ALTERING CASING
TEMPORARILY ABANCON	co	OMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CA	SING TEST AND CEMENT JOB	
		OTHER	
OTHER	Well Status X		
<ol> <li>Describe Proposed or Completed Operator.</li> <li>be supposed or Completed Operator.</li> </ol>	erations (Clearly state all pertinent details,	and give pertinent dates, includi	ng estimated date of starting any proposed
To correct the status of	of the well from temporary	abandonment to perm	anent abandonment.
		·	
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	•	•	
in. I hereby certify that the information a	bove is true and complete to the best of my	knowledge and belief.	
$11 \cdot a$		•	
IGNED Almus Evans	Acciet	t. Admin. Analyst	11-15-78
	TITLE MODISO		
0	TITLE NOSTS		
		A CAS INSPECTO	OR
APPROVED BY THE	OL	A GAR WEPECTO	OR .
APPROVED BY Little Sea		& GAS MSPECTO	DR DATE
CONDITIONS OF APPROVAL, IF ANY:  084 NMOCC-H 1-Susp	OL	A GAS INSPECT	DR DATE