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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

<p align="center">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.)</p>	
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name STATE AG
3. Address of Operator BOX 367, ANDREWS, TEXAS 79714	9. Well No. 2
4. Location of Well UNIT LETTER 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 10 TOWNSHIP 16-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat TOWNSEND-WOLF CAMP
15. Elevation (Show whether DF, RT, GR, etc.)	12. County LEA

16. 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 checked="" 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"/>	

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.

*Well ceased production. Found casing leak 5150-5225'.
Squeezed w/ 200 Sx (150x Class C + 50 Sx Class C containing 2# Salt + 5# Sand/Sx) Tested 500 psi. Test O.K. Cleaned out to TD. 10601.
Acidized apm hole sec. 10479-10601 w/ 1000 gal 15%.
Evaluated -
Pres - well dead, after - Pmp 2 BOX 5 BW 24 hr.*

TD - 10,601

5 1/2" CSA 10482 x 200 Sx

OK - 10479 - 10601

QC - 9-27-74

Comp - 11-26-74

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

SIGNATURE *[Signature]* TITLE **ADMINISTRATIVE ASSISTANT** DATE **DEC 20 1974**

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
1-12/74