NO. OF COPIES RECEIVED				Form C-103
DISTRIBUTION				Supersedes Old C-102 and C-103
SANTA FE	NEW MEXIC	O OIL CONSERVATION COMMIS	SION	Effective 1-1-65
FILE	_			5a. Indicate Type of Lease
U.S.G.S.	┥ .		1	State Fee XX
OPERATOR	-		-	5. State Oil & Gas Lease No.
OPERATOR				
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO PRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)				
OIL GAS XX	OTHER-			7. Unit Agreement Name
Amoco Production Company				8. Farm of Lease Name Anderson 3 Com
Address of Operator	NIM 00040			9. Well No.
P. O. Box 68, Hobbs, NM 88240				10. Field and Pool, or Wildcat
4. Location of Well	1830	South LINE AND 1980		Ind. Anderson Ranch Mor
UNIT LETTER	FEET FROM THE	LINE AND 1300	FEET FROM	
THE East LINE, SEC	TION TOWNS	16-S RANGE 32	-Е нмрм.	
	15. Elevation ( 4329.0	Show whether DF, RT, GR, etc.)  GR	•	12. County Lea
Check	Appropriate Box To	Indicate Nature of Notice,	Report or Othe	er Data
	INTENTION TO:	1	SUBSEQUENT	
<u> </u>		_	<b>—</b>	_
PERFORM REMEDIAL WORK	PLUG AND	ABANDON REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING	i <del>c f</del>	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PE	ANS CASING TEST AND CEN	ENT JOE THIS	
OTHER				
17. Describe Froposed or Completed	Ozzatlana (Classic state al	I partiagn dataile and sive partiagn	t datas insludina o	estimated data of starting any proper
work) SEE RULE 1103.	Operations (Crearry state an	pertinent detaits, dud give pertinen	i uates, incipating e	stimuted dute of starting any propose
On 5-20-79 MGF Drilli	ng Co. (Rig #25)	spudded a 17-1/2" hole	e at 1:00 p.	m. Drilled to a
TD of 402' and set 13	-3/8 <sup>"</sup> 54.5# K-55 S	T&C casing at 402'. (	Cemented wit	h 425 sacks
Class C with 2% CACL	cement. Circulat	ed to surface. Plug o	down at 5:45	p.m. 5-20-79.
WOC 31 hours. Pressu	ıre test casing wi	th 800# for 30 minutes	s. OK. Red	uced hole to
12-1/4" and resumed o	rilling.			
· · · · · · · · · · · · · · · · · · ·	<b>J</b> .			
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, I hereby certify that the informati	ion shove is true and compto	e to the hest of my knowledge and h	eliní	
1 noted; territy that the myormati	The and complete	the best of my knowledge and b		
X a.	In	Administrative S	Supervisor	6-5-79
SIGNED / CC		TITLE		DATE, 5 0 / 3
U ,	Orig. Signed by			· · · · · · · · · · · · · · · · · · ·
APPROVED SY	John Runyan	TITLE		BATE JUN 7 19 <b>79</b>

CONDITIONS OF APPROVAL, IF ANY:

0+5 - NMOCD, H; 1 - Susp; 1 - Hou; 1 - BD