

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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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.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68 Hobbs, NM 88240 4. Location of Well UNIT LETTER <u>I</u> <u>3637</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>16-S</u> RANGE <u>32-E</u> NE/4 15. Elevation (Show whether DF, RT, GR, etc.) 4831.8 RDB	6a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> 5. State Oil & Gas Lease No. 7. Unit Agreement Name 8. Farm or Lease Name Anderson B Com 9. Well No. 1 10. Field and Pool, or Wildcat Und. Anderson Ranch Morro 12. County Lea
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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 checked="" 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.

Request permission to drill an additional 400' to a TD of 13000'.

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 5-15-180

Orig. Signed by  
Jerry Sexton  
APPROVED BY Dist 1, Supv. TITLE \_\_\_\_\_ DATE MAY 19 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOC, H 1-Hou 1-Susp 1-BD 1-Mobil 1-Gulf