

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG-1472	

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 <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Farm or Lease Name State HO Com.
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>1942</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>16-S</u> RANGE <u>35-E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 4032.7' GL		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 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 checked="" type="checkbox"/> Extension for TD	CASING TEST AND CEMENT JOBS <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 extend TD from 13100' to 13400'. (Verbal approval Jerry Sexton, 8-31-81.)

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 8-31-81

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: