

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

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 type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Anderson C
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>S</u> <u>1930</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>16-S</u> RANGE <u>32-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Und. Anderson Ranch (Wolfcamp)
11. Elevation (Show whether DF, RT, GR, etc.) 4321.7 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Subject well was spud 3-10-84. Moranco Rig #6 began continuous drilling operations on 3-14-84 with a 17-1/2" bit. Drilled to a total depth of 421'. Set 421' of 13-3/8", 48# H-40 casing. Casing set at 421'. Cemented with 421 sx class C cement with 2% CACL. Plug down at 4:00 pm 3-14-84. Circulated out 106 sx cement. Waited on cement 18 hrs. Pressure tested casing to 600 psi for 30 min, Held OK. Reduced bit to 11" and resumed drilling.

0+5-NMOCD, H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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

SIGNED Mary C. Clark TITLE Assist. Adm. Analyst DATE 3-19-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE MAR 21 1984

RECEIVED

MAR 20 1984

G.C.D.
HOBBS OFFICE