

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 10-1-75

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-10784

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 ☐ GAS WELL ☐ OTHER- PXA	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State EX
3. Address of Operator P.O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER E 1768 FEET FROM THE North LINE AND 990 FEET FROM THE State LINE, SECTION 3 TOWNSHIP 18-5 RANGE 34 NMPM.	10. Field and Pool, or Wildcat Vacuum GSA
15. Elevation (Show whether DF, RT, GR, etc.) 4040' RDB	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

MISU 1-10-85. Pulled rods, pump + tubing. Ran Cast iron bridge plug and set at 4600'. Perforated 250' - 251' with 4 SPF. Should not circulate. Perforated 150' - 151' with 4 SPF and circulated out. Pumped 12.5 sx Class C cement. Circulated 15 sx out. Squeezed 35 sx down to 250'. Cut off wellhead and installed dry hole marker. MOSU 1-14-85.

045-77MOCB, H 1-JRB 1-FJN 1-GCC

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

SIGNED Bonita Goble Administrative Analyst DATE 1-16-85

APPROVED BY Lyle F. Turnascliff TITLE OIL & GAS INSPECTOR DATE JAN 6 - 1986
CONDITIONS OF APPROVAL, IF ANY: