

U. S. CONSERVATION DIVISION

P. O. Box 2080

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-7

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U.S.G.P.	
LAND OFFICE	
OPERATION	

SUMMARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR NOTICES TO WELL OR TO WELL LOG OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE FOR NOTIFICATION OF REMEDIAL WORK. (SEE INSTRUCTIONS TO SUCH PROPOSALS.)

1. Indicate Type of Lease	State ☒ Free ☐
2. State Oil & Gas Lease No.	L-3556

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Form of Lease Name State FU
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>B</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u>	10. Field and Pool, or Wildcat Airstrip Wolfcamp
11. Elevation (Show whether DF, RF, GR, etc.) 3965.3 GR	12. County Lea

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
CONDUCE DRILLING OPER. ☒	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒	OTHER ☐

11. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1102.

On 4-1-80 MGF Drilling Co. (Rig #23) spudded a 17-1/2" hole at 6:30 p.m. Drilled to a TD of 300' and ran 13-3/8" casing set at 300'. Cemented with 350 SX Class C Cement with 2% CACL. Plugged down 4:15 a.m. 4-2-80. WOC 18 hours. Tested casing with 1000# for 30 min. Test OK. Reduced hole to 12-1/4" and resumed drilling.

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

SIGNED <u>Bob Davis</u>	TITLE <u>Admin. Analyst</u>	DATE <u>4-9-80</u>
APPROVED BY <u>John W. Runyan</u>	TITLE <u>Geologist</u>	DATE <u>4-9-80</u>

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD, H

1-Hou

1-Susp

1-BD

1-Mesa