

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 10-1-78

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
Name of Operator Amoco Production Company		5. State Oil & Gas Lease No.
Address of Operator P. O. Box 68 Hobbs, NM 88240		7. Unit Agreement Name
Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>18-S</u> RANGE <u>32-E</u> NMPM.		8. Farm or Lease Name State HU
15. Elevation (Show whether DF, RT, GR, etc.) 3715.7 RDB		9. Well No. 1
12. County Lea		10. Field and Pool, or Wildcat Und. Wolfcamp

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 type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <u>Status Report</u> <input checked="" type="checkbox"/>		OTHER <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.

Currently waiting on service unit to install pumping unit. After pumping unit set will potential and file completion forms.

0+4-NMOCD, H 1-Hou 1-Susp 1-LBG

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

SIGNED <u>Benton Green</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>2-18-81</u>
Orig. Signed by <u>Jerry Sexton</u> APPROVED BY <u>Dist. 1- Supv.</u>	TITLE _____	DATE <u>FEB 27 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		