

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 10-1-73

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 checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68 Hobbs, NM 88240 4. 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. 15. Elevation (Show whether DF, RT, GR, etc.) 3715.7 RDB 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name State HU 9. Well No. 1 10. Field and Pool, or Wildcat North Lusk Morrow
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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 JOB <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.

Drilled to a TD of 13119' and ran 5-1/2" casing set at 13110'. Cemented with 1860 SX Trinity Lite cement and 1130 SX Class H cement. Plugged down 1:45 a.m. 5-4-80. Top of cement found by temp survey at approx. 4215'. Will test casing when move in completion unit.

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 5-6-80

Orig. Signed By
Jerry Sexton
Dist 1, Supr

APPROVED BY _____ TITLE _____ DATE MAY 12 1980

CONDITIONS OF APPROVAL, IF ANY: