STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

CONDITIONS OF APPROVAL, IF ANY

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103

| SANTA FE, NEW MEXICO 87501 | Revised 10-1-78 |
|--|---|
| U.S.O.S. | Sa. Indicate Type of Lesse |
| DENATOR DESCRIPTION | State Fee X |
| 0.244104 | 5. State Oli 6 Gas Leann No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | |
| 100 NOT USE THIS FORM FOR PROPESALS TO CRILL ON TO GEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) | |
| OIL X GAS | 7. Unit Agreement Name |
| 2. Name of Operator | 8. Form of Lease Name |
| Amoco Production Company | South Hobbs (GSA) Unit |
| 1. Address of Operator | 9. Well No. |
| P. O. Box 68, Hobbs, NM 88240 | 129 |
| 4. Location of Well SL/BHL M/N 100/2 Co. H. 000/1000 | 10. Field and Pool, or Wildcat |
| SL/BHL M/N 100/3 FEET FROM THE SOUTH LINE AND 900/1322 FEET FROM | Hobbs GSA |
| THE West LINE, SECTION 34 TOWNSHIP 18-S MANGE 38-E NMPM. | |
| TOWNSHIP TOWNSHIP TOWNSHIP TOWNSHIP | |
| 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| 3618.9' GL | Lea |
| Check Appropriate Box To Indicate Nature of Notice, Report or Oth | |
| NOTICE OF INTENTION TO: SUBSEQUENT | REPORT OF: |
| PERFORM REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB | |
| other status update | X |
| OTHER | |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103. | estimated date of starting any proposed |
| | |
| Moved out service unit 11-15-83. Started well pump testing 11-30-83. P | ump tested for 5 days. |
| Last 24 hours pumped 63 BO, 129 BW, and 66 MCFD. Completed as oil well currently producing. | 12-4-83. Well is |
| currently producting. | |
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| OLE NMOCD II 1 D E Ordon II- 1 E 7 N J II 4 OLE | |
| 0+5 - NMOCD, H 1 - R. E. Ogden, Hou 1 - F. J. Nash, Hou 1 - CLF | |
| 1 - Petro Lewis 1 - Texaco 1 - Sun 1 - Shell | |
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| | |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
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| TICHED (attry). Forman TITLE Asst. Admin. Analyst | 12-14-83 |
| | |
| ORIGINAL SIGNED BY JERRY SEXTON | DEC 22 1983 |
| DISTRICT I SUPERVISOR | DATE |

DEC 21 1983