

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILZ	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator <i>Amoco Production Company</i>	8. Farm or Lease Name <i>State CN</i>
3. Address of Operator <i>P.O. Box 68, Hobbs NM 88240</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>J</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>9</i> TOWNSHIP <i>18-S</i> RANGE <i>34-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Und. West Vacuum Bone Spring</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>4043.0' GR</i>	12. County <i>Lea</i>

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

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 TD of 3600' and on 11-10-84 set 8 5/8" 24", K-55, and 32", J-55.
Casing set at 3586' and cemented with 1250 sacks C Lite w/add. and
400 sacks class C meat. Plug down 6:45 p.m. 11-10-84 and circ. 375 sacks.
WOC 18 hrs. Tested csg to 800 psi, 30 min, OK. Reduced bit to 7 7/8" and resumed
drilling.

3+5 NMOC, H 1-J.R. Barnett, Han 1- F.J. Nash, Han-GCC

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

SIGNED *Mary C. Clark* TITLE *Asst. Admin. Analyst* DATE _____

ORIGINAL SIGNED BY KERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE **NOV 16 1984**

CONDITIONS OF APPROVAL, IF ANY: