

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER- ☐

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68 Hobbs, NM 88240

Location of Well

UNIT LETTER E 1650 FEET FROM THE North LINE AND 990 FEET FROM  
THE West LINE, SECTION 1 TOWNSHIP 17-S RANGE 36-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

State E Tract 18

9. Well No.

19

10. Field and Pool, or Wildcat

Lovington Abo

15. Elevation (Show whether DF, RT, GR, etc.)

3844 RDB

12. County

Lea

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 ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

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.

Propose to evaluate well for possible casing leak by following method:

Pull tubing and run bit to 3400'. Pull tubing and bit from well. Run casing injection log from 3300' to 250'. Run cement bond log or pipe recovery log from 7000' to top of fluid. After evaluation of logs a supplemental brief will follow to include casing repair and squeeze procedure to raise TCMT.

0+4-NMOC, H 1-Hou 1-Susp 1-GPM

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

SIGNED Greg Mitchell

TITLE Admin. Analyst

DATE 5-1-81

APPROVED BY Jerry Santini

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: