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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p> <p>5. State Oil &amp; Gas Lease No.</p>
<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-</p> <p>2. Name of Operator <b>AMOCO PRODUCTION COMPANY</b></p> <p>3. Address of Operator <b>BOX 367, ANDREWS, TEXAS 79714</b></p> <p>4. Location of Well UNIT LETTER <b>E</b> <b>1960</b> FEET FROM THE <b>NORTH</b> LINE AND <b>540</b> FEET FROM THE <b>WEST</b> LINE, SECTION <b>25</b> TOWNSHIP <b>17-S</b> RANGE <b>35-E</b> NMPM.</p>	<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name <b>STATE CV</b></p> <p>9. Well No. <b>2 Y</b></p> <p>10. Field and Pool, or Wildcat <b>VACUUM-ABO REEF</b></p>	
<p>15. Elevation (Show whether DF, RT, GR, etc.) <b>3927- RDB</b></p>		<p>12. County <b>LEA</b></p>

16. 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 <input checked="" type="checkbox"/> <b>Status Report</b>

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.

Well 5I 4-22-72  
Well was shut in due to low capacity and was on same proration unit w/ well No. 2.  
Plan to investigate recompletion or P+A in July 1975.

Expires 10/1/75

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

SIGNED **Les R. Yoakum** TITLE ADMINISTRATIVE ASSISTANT DATE **OCT 29 1974**

APPROVED BY **1-DIV** TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
**1-545.2**