| ENERGY AND MINERALS DEPARTMENT | 10-51/-51/-51 | |
|--|---|--|
| was ar cories acceives OIL CO | NSERVATION DIVIS IN | Faur C 102 |
| DISTRIBUTION | P. O. BOX 2088 | Form C-103 · Revised IO-1- |
| | A FE, NEW MEXICO 87501 | |
| /ILZ | | 5a. Indicate Type of Lease |
| U.S.G.S. | | State Foo X |
| OPERATOR . | • | S. State Oil & Gas Leaso No. |
| The state of the s | | |
| SUNDRY NOTICES AND RE COMMENTATION FOR PROPERTY OF THE SECOND PROPER | EPORTS ON WELLS EPEN OF PLUG BICK TO A DIFFERENT RESERVOIR. C-101) FOR SUCH PROPOSALS.) | |
| OIL GAS OTHER- | | 7. Unit Agreement Name |
| Name of Operator | | 8. Farm or Lease Name |
| Amoco Production Company | | Robinson Com. |
| 1. Address of Operator | | 9. Well No. |
| P. O. Box 68, Hobbs, NM 88240 | | |
| Location of Well | , | 10. Field and Pool, or Wildcat |
| UNIT LETTER G . 1980 FEET FROM THE | North LINE AND 1980 FEET FROM | Wildcat Strawn |
| | SHIP 19-S RANGE 35-E NAMPH. | |
| | | <u> </u> |
| 15. Elevation | (Show whether DF, RT, GR, etc.) 3821 RDB | Lea |
| Check Appropriate Box To | Indicate Nature of Notice, Report or Ot | her Data |
| NOTICE OF INTENTION TO: | - | T REPORT OF: |
| PERFORM REMEDIAL WORK | ABANDON X REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ADANGA | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING CHANGE | | |
| Police on Action Capino | OTHER | |
| OTHER | | |
| 17. Describe Proposed or Completed Operations (Clearly state a work) SEE RULE 1103. | ll persinent details, and give persinent dates, including | estimated date of starting any propos |
| Propose to P X A per the following: Ru and cap with 35' of cement. Run free pand pull casing. Run in hole with tub casing stubb. Spot 100' plug from 7418 and 50' below 9-5/8" casing shoe. Spot plug erect P X A marker and cap well. | point and cut 5-1/2" casing 1 joir ing and spot a 100' plug 50' in ar 3'-7518'. Spot 100' plug from 585 | nt above freepoint nd 50' out of 5-1/2" 50'-5950' 50 above |
| | | |
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| | • | |

1-W. Stafford, Hou

1-DMF

Assist. Admin. Analyst

1-Hou

1-Susp

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

0+4-NMOCD, H