

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

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

5a. Indicate Type of Lease
State ☐ For ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEASE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - C-101 FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Name of Lease Name Peoples Securities Company
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER B 660 North 1980 East 10 19-S 35-E THE LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool Name Scharb Bone Springs Und. Scharb Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3826.1' GL	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 <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 OPERATIONS <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"/> name change

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.

This is to inform you that the Peoples Security Company Well No. 3 has had a name change and is now the Peoples Securities Company Well No. 3

T-HOU, R.E.Ogden, Rm 21.153 1-F.J.Nash, HOU, Rm. 4.206 1-CMH 0+4-NMOCD,H

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

SIGNED Charles M. Herring TITLE Administrative Analyst DATE 8-3-83

APPROVED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE AUG 10 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
AUG 9 1983
E.C.D.
HOBBS OFFICE