

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.C.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 TO DRILL CHECK FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Name of Lease Name South Hobbs Unit
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 121
4. Location of Well UNIT LETTER <u>E</u> <u>1450</u> FEET FROM THE <u>North</u> LINE AND <u>150</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Villant Hobbs Grayburg San Andres
11. Location (Show whether DE, RT, GR, etc.)	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☒	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐

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.

Propose to repair tubing by the following method:

Run tubing swedge and attempt to swedge out tubing. Pull tubing and swedge out casing. Run retrievable bridge plug and packer and test for leak. Supplemental brief will be submitted to repair casing and stimulate well.

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

SIGNED W. M. Finkel TITLE Assist. Admin. Analyst DATE 1-21-81

APPROVED BY Les Clements TITLE Oil & Gas Insp. DATE 1-21-81

CONDITIONS OF APPROVAL, IF ANY:

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