## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

THE PROPERTY OF	, ran	I IV.
	T	
DISTRIBUTION		
SANTA PE		i
FILE		
U.S.O.S.		
LAND OFFICE .		
OPERATOR	1	

## OIL CONSERVATION DIVISION

DISTRIBUTION SANTA FE	1	O. BOX 2088		Form C-103 Revised 19-1-78	
FILE	SANTAFE	, NEW MEXICO 87501		· ·	
U.S.O.S.	1		[ 5	a. Indicate Type of Lesse	
LAND OFFICE .	1		1	State Fee X	
OPERATOR	<u> </u>			5, State Off & Gas Lease No.	
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SUNDR	LY NOTICES AND REPOR	F PLUG BACK TO A DIFFERENT RESE	INVOIN.		
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			7. Unit Agreement Name	7777	
OIL GAS WELL X	OYHER-				
2. Name of Operator Amoco Production Com	ากลทง		1 '	8. Farm or Lease Name	
3. Address of Operator				Best Gas Com	
P. O. Box 68, Hobbs,	New Mexico 88240			2	
Location of Well  P 840  PEET FROM THE SOUTH LINE AND 660  FEET FROM THE			10. Field and Pool, or Wildcat		
		FEET FROM	Und. Wolfcamp		
East Line, Section 23 TOWNSHIP 20-S RANGE NAPP		E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)				<i>†</i> †††;	
		670.9' GL		12. County Lea	
16. Check	Appropriate Box To Indi	cate Nature of Notice, R	langer of Othe	· Doto	77777
	TENTION TO:		UBSEQUENT		
PERFORM REMEDIAL WORK	PLUG AND ABAND	ON REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ASANDON		COMMENCE DRILLING 09	NS. 💢	PLUG AND ABANDONM	ENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEME	X 401 TH		L1
OTHER		OTHER			
		<u> </u>	<del>,</del>	<del></del>	
<ol> <li>Describe Proposed or Completed Op- work) SEE RULE 1103.</li> </ol>	erations (Clearly state all perti	nent details, and give pertinent o	lates, including es	timated date of starting any p	roposed
The well was spud 7-Mix. Rigged up Shar bit and drilled to a casing. Casing was of cement. WOC 18 hto 12-1/4" and resum	p #65. Began conti total depth of 615 set at 615' and cem nours. Pressure tes	nuous drilling opera '. On 7-25-83, ran ented with 600 sx cl	tions 7-24- 13-3/8" 72# ass C cemer	·83 with a 17-1/2" • P-110 and 48# H-4 ¤t. Circulated 241	10 . sx
O+4-NMOCD,H 1-HOU,	R.E.Ogden,Rm 21.150	1-F.J.Nash, HOU,	Rm. 4.206	1-CMH 1-Superior	, Mid
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	2				
18. I hereby certify that the information	rpore is true and complete to the	ne best of my knowledge and beli	eſ,		
11,00	/ ~	a	- 7 2	7 00 00	
GIGHED (Karley M. N.	trung TITE	. Administrative An	ia lyst	7-28-83	
ORIGINAL SIGNED	BY JERRY SEXTON			BAYE AUG 2 1	983
PPROVED BY DISTRICT	SUPERVISOR TITE	. т		DATE TOUL	<u> </u>

AIIC 1983;