

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025- 31419

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. 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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

4. Well Location
Unit Letter G : 1710 Feet From The North Line and 1630 Feet From The East Line

Section 4 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3614.1' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Spud & Set casing ☒

12. 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 spud 11/29/91 14.75" hole.

Drilled to 1500'. Ran 10.75", 40.5 lb Buttress casing & set csg at 1500'. Cemented w/1200 sx class "C" & 2% CACL mix at 14.8 PPG. Circulated 160 sx cmt to pit. WOC 19.25 hrs.

Drilled to 4304'. Ran 104 jts of 5.5", 15.5 lb K-55 LT&C casing & set at 4304'. Pumped 1000 gals super flush. Cemented w/1025 sx of premium plus w/4% gel, & additives. Circulated 25 sx good, clean cmt to surface.

Rig released 12/10/91.

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 12/11/91
713/
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: