

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

RESUBMITTED

Form C-103
Revised 1-1-89

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 APT NO. 30-025-06882
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Turner
8. Well No. 3
9. Pool name or Wildcat Paddock
10. Elevation (Show whether <i>DP, RKB, RT, GR, etc.</i>) 3477' DF

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 <u>P</u> : <u>560</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>East</u> Line Section <u>29</u> Township <u>21-S</u> Range <u>37-E</u> NMPM Lea County

11. 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 ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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

MI X RUSU. PCH production equip. Load hole X 9.5# mud brine.
RIH & set CIBF at 5100'. Cap w/35' cmt. Run free pt test.
Cut & pull casing from about 4700'.
Spot 100' cmt plug from 4650'-4750'.
Spot 100' cmt plug from 2954'-3054'.
Spot 100' cmt plug from 2762'-2862'.
Spot 100' cmt plug from 1160'-1260'.
Cap w/10 sx cmt at surface.
RD X MOSU.

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 11/4/91
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:

RECEIVED

NOV 08 1991

UCL
HOBBS OFFICE