Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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 API NO.
30-025-06882

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.)

7. Lease Name or Unit Agreement Name: Turner

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

2. Name of Operator: Amoco Production Company

8. Well No. 3

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

9. Pool name or Wildcat: Paddock

4. Well Location
Unit Letter P : 560 Feet From The South Line and 760 Feet From The East Line
Section 29 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3477' DF

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☒	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.
POH w/production equip. Load hole X 9.5# mud brine.
RIH & set CIBP at 5100'. Cap w/Class "C" cement. Cap w/10' cement at surface.
Rig down & move off service unit.

SET CIBP @ 5100
perf 7" @ 3054 set plug both inside and outside 7" csg across 9 5/8 shoe
set 100' @ 1210 & perf
10 sack surface plug

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 9/30/91

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE NO. 713/ 596-7686

(This space for State Use)

APPROVED BY [illegible] TITLE [illegible] DATE [illegible]

CONDITIONS OF APPROVAL, IF ANY: