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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- <u>DUAL COMPLETED</u>		7. Unit Agreement Name
2. Name of Operator <u>AMOCO PRODUCTION COMPANY</u>		8. Farm or Lease Name <u>OWEN "B"</u>
3. Address of Operator <u>P.O. DRAWER A, LEBLAND, TEXAS 79338</u>		9. Well No. <u>2</u>
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>440</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>34</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat <u>DRINKARD - TUBB</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3458' DF</u>		12. County <u>LEA</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING CPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

In an effort to repair communication behind casing between Drinkard and Tubb formations propose to install new packer, restore to production, stabilize well and conduct packer leakage test.

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

APPROVED BY <u>Ray W. Coffey</u>	TITLE <u>Administrative Assistant</u>	DATE <u>5/27/76</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>JUN</u>

CONDITIONS OF APPROVAL, IF ANY: