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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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-1926
7. Unit Agreement Name Rock Lake Unit
8. Farm or Lease Name
9. Well No. 1
10. Field and Pool, or Wildcat WILDCAT
12. County LEA

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.)

OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER- DRILLING
Name of Operator Amoco Production Company		
Address of Operator BOX 68, HOBBS, N. M. 88240		
Location of Well UNIT LETTER L 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 28 TOWNSHIP 22-S RANGE 35-E NMPM.		

15. Elevation (Show whether DF, RT, GR, etc.) 3581 R. D. B.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
REFORM REMEDIAL WORK <input 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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
LL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

On 7-5-74, 7 7/8" OD 26.4 - 33.7# N-80 - S-95 LT@ Casing
was set @ 11,535' w/ 2350sx class H Cement. TCMT 5000'
after woc 18 hours, tested casing w/ 1400 psi for 30 min.
Test OK.

Reduced hole to 6 1/2" @ 11535' and resumed drilling.

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

SIGNED Dee R. Yoakum TITLE ADMINISTRATIVE ASSISTANT DATE JUL 8 1974

NMOCC-11
- D.H.
503P
DISTRIBUTION OF APPROVAL, IF ANY:
1-Ret
1-Ralph Long
1-Union Tax Ref
1-Barnes

TITLE _____ DATE _____