

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
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 ☒ GAS WELL ☐ OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P.O. Box 68, Hobbs, NM 88240 4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>9</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3488' GR</u> 12. County <u>Lea</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>Southland Royalty A</u> 9. Well No. <u>1</u> 10. Field and Pool, or Wildcat <u>Blin-Tubb-Dink-Abo</u>
--	---

16. 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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
OTHER _____		OTHER <u>Completion Operations</u> <u>R-7537</u>	

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.

Pumptested Blin-Tubb-Dink last 24 hrs pumped 3 BO, 0 BW. Killed well and set plug in Abo side. POH with short string and RIH with tbg and motherhubbard, latched into parallel anchor at 6286. Installed pumping equipment and retrieved plug in Abo string. Pump tested apx 6 days, last 24 hrs pumped 31 BO, 14 BW, and 55 MCF. Returned well to production DHC in Blin-Tubb-Dink and dualled with Abo.
R-7537

0+5 NMCD, H 1-JRB 1-FJN 1-GCC

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

SIGNED Mary C. Clark TITLE Asst. Admin. Analyst DATE 1-31-85

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE FEB - 4 1985
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
FEB -1 1985
O.C.D.
HOBBS OFFICE