Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-06445

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: Southland Royalty -A-

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

2. Name of Operator: Amoco Production Company Cm. 18.132

8. Well No. 7

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

9. Pool name or Wildcat: Wildcat Fusselman

4. Well Location
Unit Letter A : 660 Feet From The North Line and 585 Feet From The East Line
Section 9 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3480' RKB

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 X DIG OUT CELLAR X REL PKR X POH X RIH X WL X CIBP @ 7350' X CAP W/ 35' CMT X SDON X TST CIBP X 540 PSI X OK X RIH X TBG TO 7315' X DISPLACE HOLE X GEL BRINE (25#/BBL) X SPOT 25 SXS CMT @ 6909'-7228' X SPOT 25 SXS. CMT PLUG @ 6468'-6726' X SPOT 25 SXS CMT PLUG 5780'-6038' X SPOT 25 SXS CMT PLUG @ 2354'-2612' X SPOT 25 SXS CMT PLUG @ 1134'-1392' X SPOT 25 SXS CMT SURFACE PLUG 0-258' X CIRC CMT X FLUSH WELLHEAD X CUT OFF WELLHEAD X WELD ON PXA MARKER X DEAD MEN X FILL IN CELLAR X RD X MO SU 12-14-94.

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

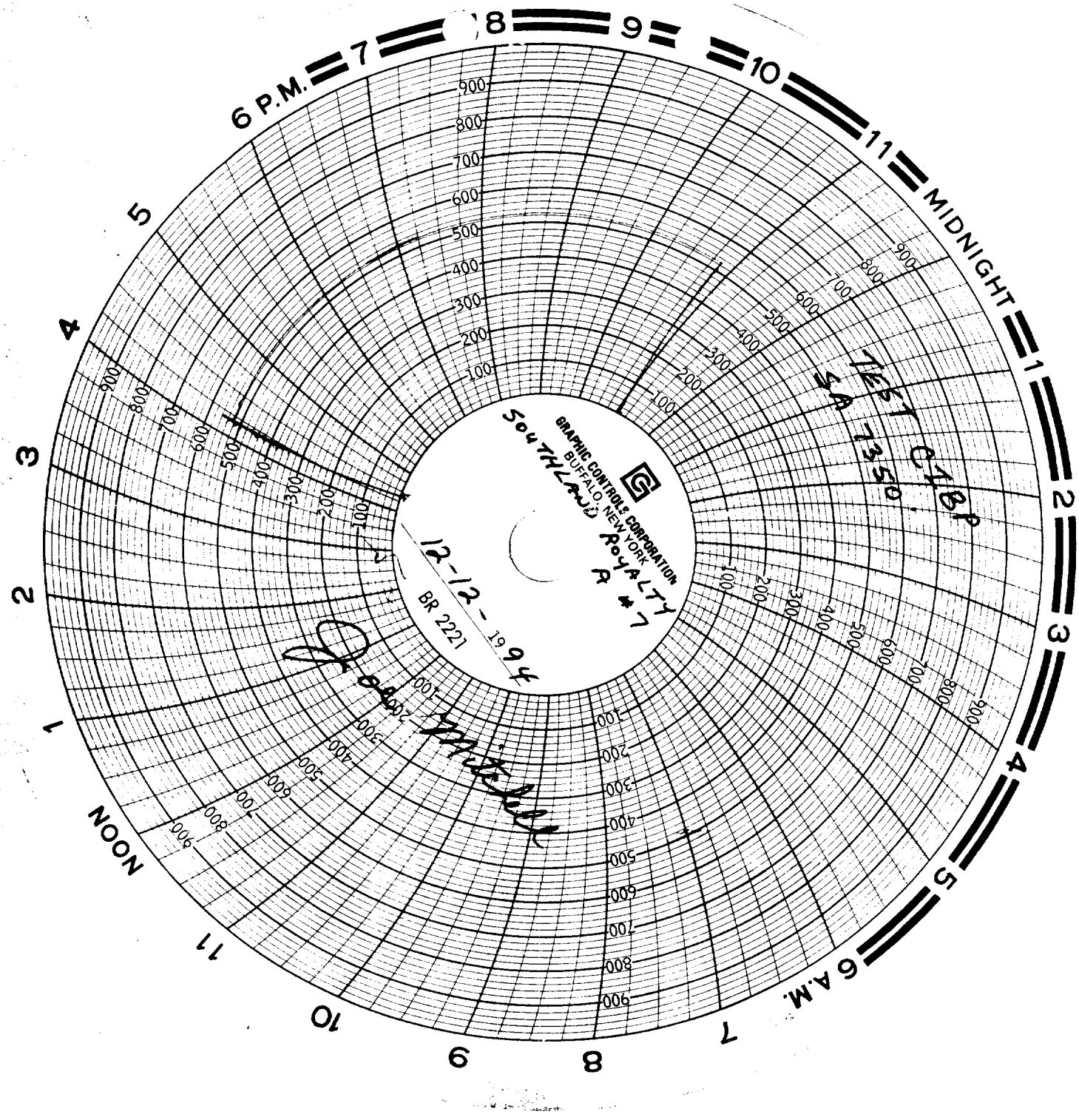
SIGNATURE H. I. Black TITLE STAFF BUS. ANALYST DATE 12-22-94

TYPE OR PRINT NAME H.I. BLACK TELEPHONE NO. 713-366-7213

(This space for State Use)

APPROVED BY Charlie Perrin TITLE _____ DATE FEB 09 1995

CONDITIONS OF APPROVAL, IF ANY:


GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
SOUTHLAND ROYALTY
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BR 2221
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