## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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CONDITIONS OF APPROVAL, IF ANY

## OIL CONSERVATION DIVISION P. O. BOX 2088

FILE	SANTA FE, N	SANTA FE, NEW MEXICO 87501			Revised 10-1-		
U.S.O.B.			ſ	ta. Indicate Ty	re of Leasa		
DPERATOR	$\exists$			State X	Fac [		
	<u></u>			5. State Off & C	ias Lease No.		
SUND	RY NOTICES AND REPORTS	ON WELLS		THITH.	MITTI		
1.	TION FOR PERMIT -" IFORM C-101) FOR	UG BACH TO A DIFFERENT RES SUCH PROPOSALS.)	ERVOIR.	7777777			
OIL X GAS WELL	OTHER.			7, Unit Agreeme	int Name		
2. Name of Operator Amoco Production Com	ıpany			8, i arm or Leas			
P. O. Box 68, Hobbs, New Mexico 88240				State C T	ract 12		
4. Location of Well	New Mex1co 88240			4			
UNIT LETTER F . 1980 FEET FROM THE NORTH LINE AND 3300 FEET FROM				10. Field and P			
			L'	10 ddu 1	1 and Gas		
THE <u>East</u> LINE, SECT	10N 16 TOWNSHIP	21-S RANGE37-	-E HMPM.				
	15. Elevation (Show whet	her DF, RT, GR, etc.)		12. County	<i>~</i> #####		
	3477	'' GL		Lea			
Check	Appropriate Box To Indicate NTENTION TO:						
NOTICE OF I	NIENTION TO:	S	UBSEQUENT I	REPORT OF	:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTE	RING CASING		
TEMPORARILY ABANDON		COMMENCE DRILLING CO	<u></u>	PLUG.	AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMEN TUD	b completio	n			
OTHER		OTHER TUD		<del></del>	X		
17. Describe Proposed or Completed Owork) SEE RULE 1103.	perctions (Clearly state all pertinent)	details and since and		<del>-</del>			
work) SEE RULE 1103.	, and the same of	ciuis, una give periinent a	aies, including es	timated date of	starting any proposed		
Rogan numn tooting To	uhh 7 0 00 D	1.6					
35 MCF and 6 BW. Rec	ubb 7-9-83. Pump tester completion to Tubb form	I for 2/ days and ation completed 8	last 24 hr -10_83	s. recover	red ♠ BO,		
	Tomp received to rade room	zoron compreted o	-10-65.				
0+4-NMOCD,H 1-HOU, F	R.E.Ogden,Rm 21.150 1-	F 1 N - 1 1011 B					
014-14100D,11 1-1100, F	yuen,kiii 21.150  -	-F.J.Nash, HOU, Rr	m. 4.206	1-CMH			
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8. I hereby cortify that the information	above is true and complete to the best	l of my knowledge and belie	<u>.</u>				
( Jahan A	1011	Nation 1 to 1					
IGHED JAMES IN. NO	ritte A	Adminstrative Anal	lyst	BATE <u>8-15</u>	<u>-83^</u>		
ORIGINAL SIGNE	FO BY HODY CEVOAL			AI	IG 17 1983		
PPROVED BY	TITLE THE TITLE				~ T 1 1202		

AUG 1 6 1983
MORRS OFFICE

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