

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

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

WELL API NO.
30-025-20540

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-4096-6

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. Type of Well: DUAL COMPLETION
OIL WELL ☒ GAS WELL ☒ OTHER ☐

2. Name of Operator
Amoco Production Company Room 18.132

3. Address of Operator
P.O. Box 4891 Houston, TX 77210

4. Well Location
Unit Letter N : 330 Feet From The South Line and 1549 Feet From The WEST Line

Section 19 Township 21S Range 37E NMPM LEA, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3504' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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: Add Perfs to Paddock ☐

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.

MIX RUSUX PULL RODS X PMPX TBGX PKRX RIHX BITX SCRAPER X TAG @ 58'87" X
RBPX SA 5102' X TST CSG to 680 PSI X OKX POHX PERF XWL X 4" GUN X
4 SPF From 5166' - 5172' X 5174' - 5184' X 5194' - 5204' X POH XWL X
RIH X RBPX SA 5305' X DROP STANDING VALVE X TST TBGX 2000 PSI X
POH X RIH X PPI PKRX ACD PERFS 5142' - 5152' X 5166' - 5172' X 5174' - 5184' X
5194' - 5204' X 55 GAL/FT 15% NEFE X FLUSH X REL RBPX PSA 5413' X SUBX TRCTO X
IFL 4600 FS X REC 45 BLW X FFL 4800 FS X RETURN TO PRODUCTION.

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 BUSINESS ANALYST DATE 4-4-95
713-
TYPE OR PRINT NAME H. I. Black TELEPHONE NO. 366-7213

(This space for State Use) ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II TITLE DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: