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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - 100 (FORM C-101) FOR SUCH PROPOSALS.		5a. Indicate Type of Lease State ☒ Fee ☐ 5. State Oil & Gas Lease No.
OIL WELL ☒ GAS WELL ☐ OTHER ☐ Name of Operator Amoco Production Company Address of Operator P. O. Drawer A, Levelland, Texas 79336 Location of Well UNIT LETTER I 3300 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 21-S RANGE 36-E N.M.P.M.		7. Unit Agreement Name 8. Farm or Lease Name State "C", TR. 11 9. Well No. 5 10. Field and Pool, or Wildcat Eumont Queen
11. Elevation (Show whether DF, RT, CR, etc.) 3509 GR		12. County Lea

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ WELL OR ALTER CASING ☐ OTHER ☐		SUBSEQUENT REPORT OF: PLUG AND ABANDON ☐ CHANGE PLANS ☐ OTHER ☐		REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☒ OTHER ☐		ALTERING CASING ☐ PLUG AND ABANDONMENT ☐ OTHER ☐	
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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.

REACHED TD 4000' 5-1-77. RAN LOGS. RAN 5½ CASING AND SET AT 4000' AND CMT WITH 600 SX LO-DENSE & ADDITIVES FOLLOWED BY 350 SX INCOR & ADDITIVES. PLUG DOWN AT 10:00 PM 5-2-77. CIRCULATED 80 SX. RELEASED CACTUS RIG 1:00 AM 5-3-77. WOC 72 HRS. OC SERVICE UNIT 5-8-77. TEST CASING WITH 2500# FOR 30 MIN. TEST OK. RAN CORRELATION LOG 2600'-3958'. PERF QUEEN 3542-83 WITH 2 DPJSPF. ACIDIZE QUEEN WITH 3000 GAL 15% ACID. PREP TO SWB TEST AND EVALUATE.

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

SIGNED Kenneth Brand TITLE Senior Staff Assistant DATE 5-11-77

ORIG. SIGNED BY Jerry Sexton DIST. 1. Supv. TITLE _____ DATE _____

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: