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NEW MEXICO OIL CONSERVATION COMMISSION

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

5.1. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
F-218

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. SEE APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator	8. Farm or Lease Name
Amoco Production Company	State C Tr.11
Address of Operator	9. Well No.
P.O. Box 68 Hobbs, NM 88240	9
10. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER Q 1980 FEET FROM THE South LINE AND 600 FEET FROM	Und. Drinkard
THE East LINE, SECTION 2 TOWNSHIP 21-S RANGE 36-E N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3516.2 GR	Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Request permission to run 7" 26# K-55 ST&C casing to TD instead of approved 9-5/8" intermediate string.

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

SIGNED <u>Bob Davis</u>	TITLE <u>Asst. Admin. Analyst</u>	DATE <u>12-13-79</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT-1</u>	DATE <u>DEC 17 1979</u>
CONDITIONS OF APPROVAL, IF ANY: <u>0+4-NMOCD-H 1-Hobu 1-Susp 1-BD</u>		