

N. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1553
7. Unit Agreement Name
8. Farm or Lease Name State E Tr.27
9. Well No. 2
10. Field and Pool, or Wildcat Und. Drinkard
12. County Lea

SUNDY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR THE PURPOSES OF DRILL OR TO CELEBRATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
(A) APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Amoco Production Company

Address of Operator
P.O. Box 68 Hobbs, NM 88240

1. Location of Well
UNIT LETTER M 330 FEET FROM THE South LINE AND 880 FEET FROM
THE West LINE, SECTION 18 TOWNSHIP 21-S RANGE 37-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3530.6 GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Drilled to a TD of 6900' and ran 7" casing set at 6900'. Cemented with 1400 sx Lite cement and 350 sx Thix Set cement with 10# Gilsonite and 1/4# Flocele and 450 sx Class C cement. Plugged down 9:45 PM 11-12-79. Top of cement found by temperature survey at approximately 5'. Will test casing when move in completion unit.

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

SIGNED Bob Davis TITLE Asst. Admin. Analyst DATE 12-13-79
APPROVED BY Jerry Sexton TITLE Dist. 1, Supv. DATE DEC 13 1979
CONDITIONS OF APPROVAL, IF ANY: 0+4-NMOCD-H 1-Hou 1-Susp 1-BD