

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

| | |
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| | |
|---|-------------------------------|
| 5a. Indicate Type of Lease | |
| State <input checked="" type="checkbox"/> | Fine <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| LG-1022 | |

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. Unit Agreement Name | |
| 2. Name of Operator Amoco Production Company | | 8. Farm or Lease Name State DV | |
| 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 | | 9. Well No. 1 | |
| 4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>21-S</u> RANGE <u>35-E</u> NMPM. | | 10. Field and Pool, or Wildcat Wildcat Bone Springs | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3691.9' GL | | 12. County Lea | |

16. 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 OPS. ☐

CASING TEST AND CEMENT .QS ☐

OTHER ☒ status update

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☒

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.

Pump tested 21 days on clock. Pumped 2 hrs a day, shut-in 22 hrs. and pumped 4 hrs. a day shut-in 20 hrs. Last 24 hrs recovered 1 BO, 4 BW and 0 MCF. Currently, shut in pending additional work.

O+5-NMOCD,H 1-HOU, R. E. Ogden, Rm 21.150 1-F. J.Nash, HOU Rm 4.206 1-CMH 1-Superior Mid.

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

SIGNED Charles M. Herring TITLE Administrative Analyst DATE 11-1-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 4 1983

CONDITIONS OF APPROVAL, IF ANY: