## STALE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

| we. er Corica acceives | T  |   |
|------------------------|----|---|
| MOITUBINTEIO           | T  | 1 |
| BANTA FE               |    |   |
| FILZ                   | 1  |   |
| U.3.0.3.               | 1  |   |
| LAND OFFICE            | T  |   |
| OPERATOR               | +- |   |

## OIL CONSERVATION DIVISION

| SANTA FE, NEW MEXICO 87501   | Form C<br>Revisa                      |
|--|---------------------------------------|
| U.S.O.S. LAND OFFICE   | Su. Indicate Type of Leuse<br>State X |
| OPERATOR   | 5. State Off & Gas Lease No. LG-1025  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO CHILL ON TO DEEPEN OF PLUG BICK TO A DIFFERENT RESERVOIR.  1.   | MINIMINI                              |
| OIL GAS X OTHER.   | 7. Unit Agreement Name                |
| Amoco Production Company   | 6. Farm or Lease Name                 |
| P. O. Box 68, Hobbs, New Mexico 88240  | State ME Com                          |
| 4. Location of Well  | 10. Field and Pool, or Wilde          |
| UNIT LETTER N 660 FEET FROM THE South LINE AND 2030  | Antelope Ridge Mor                    |
| THE West LINE, SECTION 11 TOWNSHIP 23-S RANGE 34-E NMPM  |                                       |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3363.9 GL  | 12. County<br>Lea                     |
| Check Appropriate Box To Indicate Nature of Notice, Report or Oc.  | her Data T REPORT OF:                 |
| PERFORM REMEDIAL WORK  TEMPORARILY ASAHOON  PULL OR ALTER CASING  CHANGE PLANS  CASING TEST AND CEMENT JOB                                   | ALTERING CASING PLUG AND AGANOON      |
| OTHER  | · · · · · · · · · · · · · · · · · · · |
| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103. | estimated date of stories cay         |
| Ran bottom hole pressure bombs 6-29-82. Pulled bombs 7-1-82. SI William Completed well 8-6-82.   |                                       |
| :  |                                       |
|  |                                       |
|  |                                       |
| O+4-NMOCD,H 1-HOU 1-W. Stafford,HOU 1-DMF  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                 |                                       |
| Assist. Admin. Analyst   | 9-14-82                               |
| ORIGINAL SIGNED BY   | CED 0.0 1000                          |
| CONDITIONS OF APPROVISIBILITY SUPR.  | <u>"ŞEP 20 1982</u>                   |

RECEIVED .

SEP 1 5 1982

C.C.D. HOBBS OFFICE