

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

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DISTRIBUTION	
SANTA FE	
FILZ	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	LG-1025

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State ME Com
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1Y
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>2030</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>23-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3363.9 GL	12. County 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 type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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.

Drilled out cement to 1695'. Tested casing to 600 PSI. Tested O.K.  
Reduced hole to 12-1/4" and resumed drilling. Currently drilling.

0+4-NMOCD, H 1-W. Stafford, Hou 1-Hou 1-DMF

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

SIGNED <u>Mark J. Simon</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>3-16-82</u>
ORIGINAL SIGNED BY JERRY SEXTON		
APPROVED BY <u>DISTRICT 1 SUPER</u>	TITLE	DATE <u>MAR 18 1982</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

APR 17 1982

O.C.B.  
HOBBS OFFICE