Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB -6 '90
OCD ARTESIA, OFFICE

Form C-103
Revised 1-1-89

dsf
DP

WELL API NO.
30-015-26264

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Jasso Unit

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Amoco Production Company

8. Well No.
1

3. Address of Operator
P. O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat
Loving, Delaware East

4. Well Location
Unit Letter I : 1846 Feet From The South Line and 350 Feet From The East Line

Section 22 Township 23-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3022.3' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Perforating & Acidizing			☒

12. 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.

Run 2-7/8" production tubing. Packer set at 6053'. Run GR CCL log 6284' - 5300'. Perf intervals 6110' - 6143'; 6150' - 6178'; 6194' - 6223'; All with 4 JSPF. Test tubing and casing to 500 psi, OK. Acidize perforated interval with 2000 gals 15% HCL x 200 1.1 gr ball sealers.

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

SIGNATURE Amelia Hartman TITLE Asst. Admin. Analyst DATE 02/05/90

TYPE OR PRINT NAME Amelia Hartman TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE MAR 14 1990

CONDITIONS OF APPROVAL, IF ANY: