

|                        |  |
|------------------------|--|
| NO. 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 type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. 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.)

|   |  |  |
|---|--|--|
| 1. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>DUAL COMP</u>   |  | 7. Unit Agreement Name                                     |
| 2. Name of Operator<br><u>AMOCO PRODUCTION COMPANY</u>  |  | 8. Farm or Lease Name<br><u>SOUTHLAND ROYALTY A</u>        |
| 3. Address of Operator<br><u>BOX 367, ANDREWS, TEXAS 79714</u>  |  | 9. Well No.<br><u>5</u>                                    |
| 4. Location of Well<br>UNIT LETTER <u>Q</u> <u>660</u> FEET FROM THE <u>EAST</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>SOUTH</u> LINE, SECTION <u>4</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM. |  | 10. Field and Pool, or Wildcat<br><u>DRINKARD-BLINEBRY</u> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><u>3483' R. D. B.</u>  |  | 12. County<br><u>LEA</u>                                   |

|  |   |   |   |
|--|---|---|---|
| 16. 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 checked="" 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 type="checkbox"/> | OTHER <input checked="" 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.

Ran down hole dual comp. eqpt w/ 2 tby strings and repair zones.  
Deepened by drilling out cement from 6610-6675. Perforated adnat'l  
Drinkard zones intervals 6578-84, 90-97, 6610-16, 28-52, 58-78, w/ 2 JSF.  
Acid w/ 1500 gal 15% i. Traced w/ 60,000 gal gel brine + 81,000 # Sand.  
Blimebry Traced w/ 60,000 gal gel brine + 81,000 # Sand.  
Gusterson Impacker set @ 6020'. Blimebry tby set @ 5900'.  
Drinkard tubing set @ 6660'.

BLIMEBRY- FLW 20 BOX 12 BW X 582 MCFG 24 1/4. 48/64" CN. TPF 210.  
DRINKARD - " 26 " X 6 BW X 294 " " 44/64" " TPF 230

OC - 9-3-74  
Comp - 10-8-74

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

|                                 |                                       |                         |
|---------------------------------|---------------------------------------|-------------------------|
| SIGNED <u>Roy R. Yorkum</u>     | TITLE <u>ADMINISTRATIVE ASSISTANT</u> | DATE <u>OCT 23 1974</u> |
| 042- NMDEC- 14                  | Onln Signed By                        |                         |
| 1-DIV                           | Joe                                   |                         |
| APPROVED BY                     | TITLE                                 | DATE                    |
| 1-5050                          |                                       |                         |
| CONDITIONS OF APPROVAL, IF ANY: |                                       |                         |
| 1-RRY                           |                                       |                         |