STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-

5a. Indicate Type of Lease: State ☐ Fee ☒

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. OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
Pruitt A

3. Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.
2

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 17 TOWNSHIP 9-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat
Und. Abo

15. Elevation (Show whether DF, RT, GR, etc.)
4287.6 GL

12. County
Lea

16. 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	☐			COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	☐	CHANGE PLANS	☒	CASING TEST AND CEMENT JOB	☐		
OTHER	☐			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.

Propose to amend original application by modifying the stimulation program as follows: Run in hole with 2-7/8" workstring, 5-1/2" treating packer, and tailpipe. Land tailpipe at 8800', set packer and load backside with approx. 134 bbls of 2% KCL water. Pressure backside to 1000 PSI. Establish 10 BPM injection rate while pumping 5000 gal., 50 lb/1000 gal. gelled 2 % KCL water. Pump 5000 gal. 20% NEFE HCL acid at 10 BPM. Flush with 3600 gal 2% KCL water at 10 BPM. Shut down and record initial shut in pressure. Attempt to flow back load. If well will not flow, pull tubing and packer and run production equipment. Return well to production.

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

SIGNED Mark Randolph TITLE Administrative Analyst DATE 7-7-82

APPROVED BY _____ TITLE _____ DATE JUL 8 1982

CONDITIONS OF APPROVAL, IF ANY: