

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 10-1-73

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
L-4883

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER

2. Name of Operator  
AMOCO PRODUCTION COMPANY

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

4. Location of Well  
UNIT LETTER C 330 FEET FROM THE North LINE AND 1980 FEET FROM  
THE WEST LINE, SECTION 36 TOWNSHIP 18-S RANGE 34-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name  
State "HR"

9. Well No.  
1

10. Field and Pool, or Wildcat  
Airstrip - Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.)  
3956.6 GR

12. County  
LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:  
PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER

SUBSEQUENT REPORT OF:  
PLUG AND ABANDON   
CHANGE PLANS   
OTHER

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER Hot water tubulars and acidize well   
ALTERING CASING   
PLUG AND ABANDONMENT

7. 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.

RU Hot oil truck 4-2-85 and pump 75 bbls. 2% KCL FW and 25 gal. Wellaid 303-C. Circulated for 6 hrs and produced well for 96 hrs. Acidized down casing with 50 bbls 15% HCL w/ additives and returned well to production. Pump tested well through 4-15-85 w/ 25 B0, 10 BW and 15 mcf recovered during last 24 hrs.

0+5 NMOCD, 1-JRB, 1-FJN, 1-NLG

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

CHIEF Thi L. Jeter

TITLE Administrative Analyst

DATE 23 April 1985

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_