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: Byers "B"

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

9. Well No.: 35

4. Location of Well: UNIT LETTER H, 2030 FEET FROM THE North LINE AND 626 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs Drinkard

15. Elevation (Show whether DF, RT, GR, etc.): 3630.4' RDB

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.

Acid fracture Lower Drinkard with 20000 gal of 28% NEFE HCL acid at 12-15 BPM in 5 equal stages as follows, and tag all acid with radioactive material: State I: (A) Pump 2000 gal of 40# gelled KCL water; (B) Pump 4000 gal of 28% NEFE HCL acid; (C) Pump 2000 gal of 40# gelled KCL water; and (D) Drop 250 lbs of rock salt. Stages II, III, and IV: Repeat steps A-D. Stage V: Repeat steps A-C. Flush to perfs with 75 bbls of 2% KCL water. Run an after treatment survey. Flow back load and evaluate productivity. Place well on pump.

0+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Forman (Orig. Signed by Jerry Sexton) TITLE Assist. Admin. Analyst DATE 11-30-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: