

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

FEB 25 1972

OIL CONSERVATION COMM.
SANTA FE

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-5810
7. Unit Agreement Name
8. Farm or Lease Name STATE "EN"
9. Well No. 1
10. Field and Pool, or Wildcat WILDCAT
12. County HARDING

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER - CO₂
2. Name of Operator Amoco Production Company
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER J 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 23 TOWNSHIP 20-N RANGE 33-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4993' RDB

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

On 1-22-72, 4 1/2" OD 9.5" K-55 casing was set @ 2670' w/ 350 p.s.i. Incor x 0.5% C.F.R. 2. Tested casing w/ 2000 psi for 30 min. Test O.K. WOC for appx. 5 days. Perforated intervals, various between 2407-2660'. Stimulated w/ 2000 gal 15% HCl. Evaluated.

CAOF - 1856 MCFGPD.

TD - 2670'
PBD - 2660'
COMP - 2-21-72

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

SIGNED _____

AREA SUPERINTENDENT

TITLE _____

DATE

2-24-72

12. NMOCC-SF: ATTN: J.E. KAPTEIN
1-DIV

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1-RRY