

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

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ CO ₂ OTHER-		5a. Immediate Type of Lease State ☒ Fee ☐
2. Name of Operator Amoco Production Company		7. Unit Agreement Name
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		8. Field or Lease Name State GZ
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>19-N</u> RANGE <u>31-E</u> N.M.P.M.		9. Well No. 1
10. Field and Pool, or Wildcat Und. Tubb		11. County Harding
15. Elevation (Show whether DF, RT, GR, etc.) 4463.1 GR		

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

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.

Moved in completion unit 7-27-79. Tested casing with 1000# for 30 min. Test OK.
Ran correlation Log 2312'-1800'. Perforated 2190'-2206', 2157'-2163' with 4 JSPF.
Acidized with 1300 gal. 7-1/2% MCA acid. Raise tubing to 2066'. Acidize with 3000 gal.
7-1/2% MCA acid. Flow tested 9 days. Currently well shut-in pending evaluation of
further completion.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 8-31-79

APPROVED BY Carl Ulvog TITLE SENIOR PETROLEUM GEOLOGIST DATE 9/7/79

CONDITIONS OF APPROVAL, IF ANY:

0+2-NMOC-D-SF 1-Hou 1-Susp 1-BD