

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NOV 10 1980

Form C-103
Revised 10-1-78

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.)

OIL WELL ☐ GAS WELL ☒ CO₂ OTHER-

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68 Hobbs, NM 88240

Location of Well

UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM

THE East LINE, SECTION 18 TOWNSHIP 19-N RANGE 32-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

State GY

9. Well No.

1

10. Field and Pool, or Wildcat

Und. Tubb

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

4575.6 GR

12. County

Harding

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 JOBS ☐

OTHER ☐

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.

Flow tested 168 hrs. at an average rate of 279 MCF per day. Moved in service unit 10-28-80. Fraced perfs 2134'-2220' with 20,000 gal. Western Titan II 30 acid. Flushed with 40 bbls. 2% KCL water. Flow tested through a separator for 168 hrs. at an average of 1292 MCF per day. Shut-in 11-9-80 to run Bottom Hole Pressure test.

0+2-NMOCD, SF

1-Hou

1-Susp

1-LBG

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

SIGNED Bob Davis

TITLE Admin. Analyst

DATE 11-18-80

APPROVED BY Carl Ulvog

TITLE SENIOR DEPARTMENT SUPERVISOR

DATE 11-20-80

CONDITIONS OF APPROVAL, IF ANY: