

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
P.L.P.	
U.S.G.S.	
LAND OFFICE	
OPERATION	

6a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

Heimann

9. Well No.

3

10. Field and Pool, or Wildcat

Und. Tubb

12. County

Harding

SUNDY NOTICES AND REPORTS ON WELLS

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

1. OIL ☐ GAS ☒ CO₂ 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 K 1830 FEET FROM THE South LINE AND 1980 FEET FROM

THE West LINE, SECTION 34 TOWNSHIP 21-N RANGE 33-E

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

5068.0 GR

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 OPERATIONS ☐	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 Service Unit 10-4-79. Tested casing with 1500# for 30 min. Test OK. Perforated 2615'-2625', 2639'-2648', 2651'-2664', 2672'-2681', 2686'-2694', 2695'-2698', 2704'-2708' with 2 JSPF. Acidized with 3000 gal 10% MOD-101 acid with 200 ball sealers. Currently flow testing.

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

SIGNED Bob Davis TITLE Assist. Administrative Analyst DATE 10-18-79

APPROVED BY Carl Wilson TITLE SENIOR REGIONAL MANAGER DATE 10/23/79

CONDITIONS OF APPROVAL, IF ANY:
0+2 NMOCD-SF, 1-Hou, 1-Susp, 1-BD