

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103 -
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S. O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

SUNDY 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 ☒ CO2 ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State KA
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM <u>East</u> THE LINE, SECTION <u>21</u> TOWNSHIP <u>20-N</u> RANGE <u>31-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4680' GL	12. County Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER ☐	REMEDIAL WORK ☒ COMMENCE DRILLING OPS. ☐ CASING TEST AND CEMENT JOBS ☐ 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.

Moved in completion unit 3-22-81. Drilled cement 2174'-2279'. Perforated 2152'-58', 2167'-70', 2174'-84', 2187'-90', 2192'-94', 2204'-12', 2216'-19' with 1 JSPP. Acidized with 2300 gal. 7-1/2% HCL acid. Flow tested well for 96 hrs. at an average of 196 MCFD. Shut well in 3-31-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-BD

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

VICED <u>Foto Lewis</u>	TITLE <u>Admin. Analyst</u>	DATE <u>4-3-81</u>
APPROVED BY <u>Carl H. King</u>	TITLE <u>Chief Engineer</u>	DATE <u>4/10/81</u>
CONDITIONS OF APPROVAL, IF ANY:		