

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 10-1-70

4. 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.)

1. ☐ OIL WELL ☒ GAS WELL ☒ CO2 ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Tompkins
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 THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>19-N</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
15. Elevation (Show whether DF, RT, GR, etc.) 4965 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 ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☒ COMMENCE DRILLING OPNS. ☐ 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 3-8-81. Perforated 2344'-46', 2356'-74', 2377'-82', 2390'-94', 2410'-31', 2439'-50', 2452'-68', 2470'-74', 2489'-2506', 2524'-28', 2531'-34', 2537'-40', 2563'-66', 2583'-86', 2589'-92' with 1 JSPF. Acidized with 5800 gal. 7-1/2% HCL acid. Flow tested thru a separator for 120 hrs. at an average of 1316 MCFD. Shut well in 3-16-81.

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.

SIGNED Bob Davis TITLE Admin. Analyst DATE 3-19-81

APPROVED BY Carl Wieg TITLE Manager DATE 3/24/81

CONDITIONS OF APPROVAL, IF ANY: