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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form 1-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Well
State ☒ **OG**

5. State Oil & Gas

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name STATE "DC"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 1
4. Location of Well UNIT LETTER P 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 16 TOWNSHIP 11-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat BOULEY, No Lower Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4285' R. D. B.	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
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.

In an effort to increase productivity and remove scale, acidized perforations 9780-10146' w/ 2000 gal 15% HCl. Evaluated and restored to production.

Prior - Pmp 20 BD x 23 BW - 24 hrs.
after - " 11 BD x 15 BW - 24 hrs.

TD- 10826'
PBD- 10613'

OC -12-5-73
COMP -12-20-73.

PERFS: 9780-10146' Various
5 1/2" OSA 10715' x 900 Sx.

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

SIGNED **Roy R. Roakum**

TITLE **ADMINISTRATIVE ASSISTANT**

DATE **DEC 27**

APPROVED BY **2. NMOC. 11**

1-505P
CONDITIONS OF APPROVAL, IF ANY:
1-RRY

TITLE

DATE