

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

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

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Wingerd
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>12-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat Mississippian
15. Elevation (Show whether DF, RT, GR, etc.) 3875' GL	12. County Lea

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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 service unit 6-15-83. Removed tree and installed blowout preventer. Pulled tubing and packer. Ran production tubing, anchor, and seating nipple. Anchor set at 8947' and seating nipple landed at 9009'. Removed blowout preventer and installed tree. Ran rods and pump. Moved out service unit 6-17-83. Pump tested for 240 hrs and pumped 112 BO, 361 BLW and 38 MCF. Last 24 hrs. pumped 30 BO, 0 BLW, and 12 MCFD. Currently pump testing.

O+5-NMOCD,H 1-HOU, R.E.Ogden,Rm 21.150 1-F.J.Nash, HOU, Rm. 4.206 1-CLF

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

SIGNED Cathy L. Ferman TITLE Assist. Admin. Analyst DATE 7-11-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
JUL 13 1983