Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30 059 20028

5. Indicate Type of Lease STATE ☐ FEE ☐

6. 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.)

7. Lease Name or Unit Agreement Name: 1935

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER CO_2

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Well No. 181 G

3. Address of Operator: PO Box 606

9. Pool name or Wildcat: TUBB

4. Well Location
Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST

Section 18 Township 19-N Range 35-E NMPM UNION County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4685

11. **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 OPNS.	☐	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Frac job			

12. 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 11-17-93. Fraced down casing with 20,000 gal. 70 Q foam pad and 10,000 gal 60 Q foam with 1-8 # per gal 10/20 sand and 5000 gal 60 Q foam and 8# per gal 10/20 sand. Flush with 40 bbls. ISIP 728 psi, 5 MIN SI 450 psi, 10 MIN SI 370 psi and 15 MIN SI 357 psi. Avg rate 46.5 BPM, avg prs. 1620 psi and max inj prs 1918. Cleaned out well. Pressure tested packer to 500 psi and held OK. Rigged down service unit 11/20/93. Returned well to production 11/24/93

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

SIGNATURE Mark Randolph TITLE BUSINESS ANALYST DATE 12/15/9

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY R E Johnson TITLE DISTRICT SUPERVISOR DATE 12/21/93

CONDITIONS OF APPROVAL, IF ANY: