

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30059 20031

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

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER CO₂

2034

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No. 331 K

3. Address of Operator
PO Box 606

9. Pool name or Wildcat
TUBB

4. Well Location
Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST

Section 33 Township 20-N Range 34-E NMPM UNION Cont.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4586 GR

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: <u>FRAC JOB</u>	

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 11-8-93. Run in hole cart iron bridge plug and set at 2428. Frac down casing with 40865 gal CO₂ foam and 84,200 # 10/20 sand. Break down pres 1942 psi. Max. pres. 2555 psi and avg pres. rate 38.61 BPM. ISIP 1052 psi, 5 MIN SI 903 psi, 10 MIN SI 726 psi and 15 MIN 646 psi. Circulated hole clean. Set packer at 2204 and tailpipe landed at 2242. Pressure tested packer to 500 psi and held OK. Moved out service unit 11-11-93.

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 12/15/93

TYPE OR PRINT NAME

TELEPHONE NO.

This space for State Use

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

DISTRICT SUPERVISOR

12/21/93