

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 10-1-78

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.)

OIL WELL ☐ GAS WELL ☒ CO<sub>2</sub> OTHER ☐  
Name of Operator  
Amoco Production Company  
Address of Operator  
P. O. Box 68 Hobbs, NM 88240  
Location of Well  
UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM  
THE East LINE, SECTION 12 TOWNSHIP 22-N RANGE 32-E NMPM.

7. Unit Agreement Name  
8. Farm or Lease Name  
State HM  
9. Well No.  
1  
10. Field and Pool, or Wildcat  
Und. Tubb  
12. County  
Union

15. Elevation (Show whether DF, RT, GR, etc.)  
5128.4 GR

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

Swab tested 30 hrs. and recovered no gas. Ran a retrievable bridge plug set at 2670'. Perforated 2550'-52', 2558'-82', 2584'-86', 2588'-2602', 2607'-19', 2626'-29' with 2 JSPF. Acidized with 4000 gal. Western A-20 Titan II acid. Flow tested thru separator for 168 hrs. at an average of 207 MCF per day. Shut-in for Bottom Hole Pressure test 11-9-80.

0+2-NMOCD, SF 1-Hou 1-Susp 1-LBG

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 11-18-80

APPROVED BY Carl Ullrog TITLE SENIOR TECHNICAL ASSISTANT DATE 11-20-80

CONDITIONS OF APPROVAL, IF ANY: