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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.  
SEE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

6. Name of Operator Amoco Production Company		7. Unit Agreement Name
8. Address of Operator P. O. Box 68 Hobbs, NM 88240		8. Farm or Lease Name Hutcherson B
9. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>34</u> TOWNSHIP <u>20-N</u> RANGE <u>34-E</u> N.M.P.M.		9. Well No. 15
10. Field and Pool, or Wildcat Und. Tubb		10. County Union
11. Elevation (Show whether DF, RT, GR, etc.) 4809' GL		

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 JOB <input type="checkbox"/>	

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 11-19-80. Perforated 2216'-18', 2226'-32', 2248'-52', 2256'-58', 2263'-65', 2276'-94', 2306'-08, 2322'-24', 2328'-30', 2345'-55', 2375'-77', 2393'-95', 2410'-2416', 2432'-38' with 1 JSPF. Acidized with 83 bbl. 7-1/2% HCL acid. Flow tested for 168 hrs. at an average of 1232 MCFD. Shut-in 9:30 a.m. 12-3-80.

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

13. 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 12-18-80

APPROVED BY Carl Klug TITLE \_\_\_\_\_ DATE 12/23/80

CONDITIONS OF APPROVAL, IF ANY: