

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 10-1-76

5a. Indicate Type of Lease
State ☒ For ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
(USE APPLICATION FOR PERMIT - FORM C-101) FOR SUCH PROPOSALS.

1. ☐ OIL WELL ☒ GAS WELL ☒ CO2 ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State JU
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> , 1980 FEET FROM THE <u>South</u> LINE AND 1980 FEET FROM THE <u>West</u> LINE, SECTION <u>12</u> TOWNSHIP <u>21-N</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Und. Tubb
11. Elevation (Show whether DF, RT, CR, etc.) 4645' GL	12. County Union

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 JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 completion unit 3-28-81. Perforated 2033'-35', 2037'-41', 2044'-48', 2051'-53', 2057'-59', 2062'-76', 2082'-2100', 2104'-11', 2118'-22', 2147'-49', 2152'-66', with 1 JSPF. Acidized with 4300 gal. 7-1/2% HCl acid. Flow tested thru a separator for 120 hrs. at an average of 1247 MCFD. Shut well in 4-6-81.

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

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

SIGNED Bob Lewis TITLE Admin. Analyst (SG) DATE 4-8-81

APPROVED BY Carl Ulvog TITLE SENIOR SUPERVISOR DATE 4/16/81

CONDITIONS OF APPROVAL, IF ANY: