

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION		
SANTA FE		
FILE		☒
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER- CO2
2. Name of Operator
AMOCO PRODUCTION COMPANY
3. Address of Operator
P.O. BOX 68, HOBBS, NEW MEXICO 88240
4. Location of Well
UNIT LETTER B 1650 FEET FROM THE North LINE AND 1650 FEET FROM
THE East LINE, SECTION 30 TOWNSHIP 18-N RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4670' 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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

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.

Propose to perforate x stimulate as follows in attempt to increase production: MASH x POH w/ tubing x packer. Perforate interval 2500'-2530' w/ 4 JSPP. RIH w/ tubing x packer. Set packer at 2400'. Swab x flow test to evaluate. Stimulate (if necessary) w/ total of 20 tons liquid CO₂. Swab x flow test x return well to production.

0+2-NMOCD,SF 1-J.R. Barnett HOU. Rm.21.156 1-F.J. Nash HOU. Rm.4.206 1-WF,Clayton 1-Susp
1-BAO 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Shell
1-Excelsior 1-Exxon 1-WF,Hobbs

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

SIGNED Beverly A. Ottwell

Sr. Administrative Analyst

DATE 3-3-86

APPROVED BY Roy E. Johnson

DISTRICT SUPERVISOR

DATE 3-6-86

CONDITIONS OF APPROVAL, IF ANY: