

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 ☒ Fee ☐
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Form or Lease Name State FI
9. Well No. 3
10. Field and Pool, or Wildcat Und. Tubb
11. County Union

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.

OIL WELL ☐ GAS WELL ☒ CO₂ OTHER ☐

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68, Hobbs, NM 88240

Location of Well

UNIT LETTER 0 FEET FROM THE South LINE AND 1980 FEET FROM
East LINE, SECTION 36 TOWNSHIP 20-N RANGE 34-E N.M.P.M.

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

4739.5 GR

12. County

Union

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
Perforate & Acidize ☒

OTHER ☐

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 6-20-79. Perforated 4-1/2" casing, 2190'-2198', 2202'-2208', 2211'-2221', 2229'-2231', 2252'-2258', 2271'-2275', 2300'-2304', 2330'-2334', 2339-2359' with 2 JSPF. Ran 2-3/8" tubing to 2367'. Acidized down tubing with 1300 gal. 7-1/2% MCA acid. Currently well shut-in pending evaluation of surveys.

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

SIGNED

Ray Cox

TITLE Administrative Supervisor

DATE 7-24-79

APPROVED BY

Carl Klug

TITLE SENIOR PERFORMING ARTIST

DATE 7/27/79

CONDITIONS OF APPROVAL, IF ANY:

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