

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

1070-1000

Form C-103  
Revised 10-1-79

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                               |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> CO <sub>2</sub> OTHER-                                                                                                                | 7. Unit Agreement Name                      |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                               | 8. Farm or Lease Name<br>Jackard            |
| 3. Address of Operator<br>P. O. Box 68 Hobbs, NM 88240                                                                                                                                                        | 9. Well No.<br>1                            |
| 4. Location of Well<br>UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>8</u> TOWNSHIP <u>20-N</u> RANGE <u>34-E</u> N.M.P.M. | 10. Field and Pool, or Wildcat<br>Und. Tubb |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4811.4 GL                                                                                                                                                    | 12. County<br>Union                         |

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

|                                                           |                                           |                                                      |                                               |
|-----------------------------------------------------------|-------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>              | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPS. <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"/> |                                               |

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 cement behind 4-1/2" production casing per the following procedure:

Set a retrievable bridge plug at 2000' and cap with 10' of sand. Run pipe recovery log to determine top of cement. (Top of cement estimated to be at approx. 746'). Perforate 4-1/2" casing approx. 20' above top of cement. Set a packer 300' above perforations. Establish circulation. Pump 16 bbl. of preflush with color dye. Pump sufficient Class C cement to circulate. WOC. Pull bridge plug and run tubing back in hole.

0+2-NMOC, SF 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou

18. 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 10-1-80

APPROVED BY [Signature] TITLE [Signature] DATE 10-1-80

CONDITIONS OF APPROVAL, IF ANY: