

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87504

FEB 19 1981

Form C-103
Revised 10-1-78

3a. 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.)

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 J 2080 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 19-N RANGE 34-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
Hutcherson B

9. Well No.
20X

10. Field and Pool, or Wildcat
Und. Tubb

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

4932' 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 ☐

16. 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 2-5-81. Perforated 2290'-99', 2309'-15', 2326'-33', 2341'-46', 4370'-73', 2391'-98', 2414'-25', 2446'-49', 2457'-92', 2495'-2507', 2510'-15', 2520'-28' with 1 JSPF. Acidized with 4760 gal. 7-1/2% HCL acid. Flow tested thru a separator for 96 hrs. at an average of 1313 MCFD. Shut well in 2-12-81.

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

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

SIGNED Bob Law TITLE Admin. Analyst DATE 2-16-81

APPROVED BY Carl Ullery TITLE SENIOR PETROLEUM GEOLOGIST DATE 2/20/81

CONDITIONS OF APPROVAL, IF ANY: