

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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O. C. D.  
ARTESIA, OFFICE

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 647-368

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 ☒ OTHER-

Name of Operator  
Amoco Production Company /  
Address of Operator  
P. O. Box 68 Hobbs, NM 88240  
Location of Well

7. Unit Agreement Name
8. Farm or Lease Name Empire South Deep Unit
9. Well No. 19
10. Field and Pool, or Wildcat <del>Unit - South Empire</del> Cisco Canyon

UNIT LETTER H 2280 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 36 TOWNSHIP 17-S RANGE 28-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3692.9 RDB

12. County Eddy
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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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 increase production by the following method:

Run GR temperature log. Spearhead with 18000 gallons of YF 3PSD pad. Flush with 1650 gallons of flush fluid. Run after treatment GR temperature evaluation. Keep well SI overnight and ~~then~~ initiate load recovery.

0+4-NMOCD, A 1-Hou 1-Susp 1-GPM

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

SIGNED Larry Mitchell TITLE Admin. Analyst DATE 5-1-81

APPROVED BY W.A. Grissett TITLE SUPERVISOR, DISTRICT II DATE MAY 19 1981

CONDITIONS OF APPROVAL, IF ANY: