

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-21947

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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" ARTESIA, OFFICE:
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
Empire South Deep Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Amoco Production Company

8. Well No. 12

3. Address of Operator
P. O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat
Undesignated - Atoka

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 2120 Feet From The West Line
Section 5 Township 18-S Range 29-E NMPM Eddy Country

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Move in rig up service unit ☒

12. 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.

3/21/90: Move in rig up service unit and tubing pressure closed 1300 psi.
Barrels of load water on to 900psi in 2 hours.

3/22/90: Shut in tubing pressure 1000#. Flowed 8 barrels of oil to test tank and well died. Rig up swab and No Flow line entry and shut in 1 hour. Shut in tubing pressure 50# and rig up swab and 150 flowline and rig down swab and shut in.

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

SIGNATURE Phillip W. Hill

TITLE Asst. Administrative Analyst DATE 3/28/90

TYPE OR PRINT NAME Phillip W. Hill

713/
TELEPHONE NO. 596-7614

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 4 1990

CONDITIONS OF APPROVAL, IF ANY: