

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

JUL 6 1981

O. C. O.
ARTESIA OFFICE

Form C-103
Revised 10-1-7

5a. 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 ☐ OTHER ☐

Name of Operator
Amoco Production Company ✓

Address of Operator
P. O. Box 68, Hobbs, NM 88240

Location of Well
UNIT LETTER 0 990 FEET FROM THE South LINE AND 1650 FEET FROM
THE East LINE, SECTION 23 TOWNSHIP 18-S RANGE 26-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Lattion Com.

9. Well No.
1

10. Field and Pool, or Wildcat
Und. Atoka Penn

11. Elevation (Show whether DF, RT, GR, etc.)
3304.0' GL

12. County
Eddy

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 service unit 6-25-81. Ran cast iron bridge plug and set at 9000' and capped with 35' of cement. Perforated 8448'-56' and 8424'-30' w/2 DPSPF. Tailpipe set at 8330'. Packer set at 8234'. Acidized with 2000 gallons 15% HCL and tagged with radioactive material and 4700 SCF N2 and 42 ball sealers. Swab tested.

0+4-NMOCD, A 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 7-2-81

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE JUL 7 1981

CONDITIONS OF APPROVAL, IF ANY: