

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

RECEIVED BY O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
V-232

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 ☐

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address of Operator

P. O. Box 68, Hobbs, NM 88240

4. Location of well

UNIT LETTER **E** **1980** FEET FROM THE **North** LINE AND **925** FEET FROM
THE **West** LINE, SECTION **23** TOWNSHIP **21-S** RANGE **27-E** N.M.P.M.

7. Unit Agreement Name

8. Name of Lease Name

State IR

9. Well No.

1

10. Field and Pool, or Wildcat

East Carlsbad Wolfcamp

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

3251.7' GR

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 ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER **Status Update** ☒

7. 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.

MISU 2-25-85, PCH with dual production equipment. RIH and set CIBP at 11020' and cased with 35' cmt. Top of cmt 10985'. Ran tbg to 10985' and spotted mud. Top of mud 9800'. Ran CIBP to 10000' and cased with 35' cmt. Spotted 250 gals of 10% acetic acid. Perforated 9564-68, 9586-88, 9591-98, 9644-66, 9682-92, 9704-16, 9720-50, 9754-61, and 9782-87 w/45PF using a 3 1/8" gun. RIH with production equipment, pkr set at 9404'. Tested pkr to 1000 psi, OK. Acidized with 14,000 gals 15% gelled acid w/add and 1000 gals 15% HCl acid w/add. Currently swab testing.

OTIS NMOCDA 1-IRB 1-FIN 1-GCC

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

SIGNED **Gary C. Clark**

TITLE **Asst Admin. Analyst**

DATE **4-2-85**

Original Signed By
Les A. Clements

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District 11

TITLE

DATE

APR 8 1985