

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 1088
SANTA FE, NEW MEXICO 87501

SEP 19 1983

O. C. D.
ARTESIA OFFICE

Form C-103
Revised 10-1-77

54. Indicate Type of Lease
State ☐ Fed ☒
5. State Oil & Gas Lease No.

SUMMARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL OR TO RE-ENTER FOR SUCH PROPOSALS.

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name F. E. Floyd Com
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of well UNIT LETTER G 1948 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 22-S RANGE 26-E N.M.P.M.	10. Field and Pool, or Acreal Happy Valley Morrow
11. Elevation (Show whether OF, RT, GR, etc.) 3331.1' GL	12. County Eddy

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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 7-7-83. Ran temperature survey at 10900'-11450' and logged at 10900'-11450'. Perforated at 10902'-10916' at 4 JSPF. Returned well to production and moved out service unit 7-7-83. Tailpipe landed at 10892'. Flowed 0 BF and 2564 MCF in 48 hours at 1800-2300 psi. Last 24 hours flowed 0 BF, and 1840 MCF at 1800 psi on 11/64" choke.

0+4-NMOCD,A 1-HOU R.E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm. 4.206 1-PJS

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

SIGNED Peter J. Sena TITLE Assistant Admin. Analyst

DATE 9-8-83

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

Original Signed By
Leslie A. Clements
Supervisor District II

DATE SEP 12 1983