

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
RECEIVED BY
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
AUG 16 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-77

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 - 1" (FORM C-101) 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 Pardue Farms Gas Com
3. Address of Operator P.O. BOX 68, HOBBS, NEW MEXICO 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>23-S</u> RANGE <u>28-E</u> NMPM.	10. Field and Pool, or Wildcat S. Culebra Bluff Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 3012.463	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 ☐	OTHER <u>Run a Production Log and Acidize</u> ☒

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.

MISU 7-31-85, flowed well 3 hrs, and ran swab. Pumped 1000 gal 7 1/2% MS acid w/ 1000 scf N2 / bbl down tog. Disp w/ 29 bbl 2% KCL FW w/ 1000 scf N2 / bbl. Flowed well back 800 psi after acid job. Blew down to 80 psi in 85 min on 12/64" choke. Ran swab. MOSU 8-2-85 and shut well in for 72 hrs for prs build-up. Began flow testing well 8-6-85, Finished 8-9-85.

PPWO: $\emptyset$ BOPD X $\emptyset$ BWPD X 206 MCFD

PAWO: $\emptyset$ BOPD X $\emptyset$ BWPD X 570 MCFD

OTS-NMOCD-A 1-JRB 1-FSN 1-NLG

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

SIGNED Thi R. J. Jeter TITLE ADMINISTRATIVE ANALYST DATE 15 August 1985

APPROVED BY _____ TITLE Original Signed By
Luc A. Clements
CONDITIONS OF APPROVAL, IF ANY: _____ DATE AUG 21 1985
Supervisor District II