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OIL CONSERVATION DIVISION

RECEIVED BY BOX 2088
SANTA FE, NEW MEXICO 87501

OCT 30 1985

O. C. D.

ADDRESS OFFICE

Form C-103
Revised 10-1-

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.)

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 South Culebra Bluff-Albaca
15. Elevation (Show whether DF, RT, GR, etc.) 3012.4 GR	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 1703.

MISU 10-9-85. Killed well with 60 BFW 2% KCl and POH with tubing and packer. RIH with packer and set at 10,727'. Tubing landed at 11,312'. Perforated 11,427-36' with 8 DPJS PF. Acidized with 12,000 gals 15% NEFE HCl gelled with 1000 SCF N₂/BBK. Dropped 300 ball sealers and flushed with 35 BFW 2% KCl and 1000 SCF N₂/BBK. Flowed back 30 BFW and well kicked off. MCSU 10-17-85. MI Swab unit 10-18-85 and swab tested. MO Swab unit 10-23-85. Returned well to production 10-23-85 and flow tested. Operations completed 10-28-85.
PAWD: OBCPD, 6 BWPD, 160 MCFD.

0+5 NMOCD-A 1-JRB 1-FJN 1-CMH

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

SIGNED Charles M. Herring

TITLE Administrative Analyst (SG)

DATE 10/29/85

APPROVED BY Les A. Clements

TITLE

DATE OCT 31 1985

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District II