

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-

5a. Indicate Type of Lease	State ☒ Fee ☐
5. State Oil & Gas Lease No.	LG-6544

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 ☐	NOV 20 1981	7. Unit Agreement Name	
2. Name of Operator	Amoco Production Company /	8. Name of Lease Name	State "IB" Com.
3. Address of Operator	P. O. Box 68, Hobbs, NM 88240	9. Well No.	1
4. Location of Well	UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 23-S RANGE 25-E NMPM.	10. Field and Pool or Whident	BALDIDGE CANYON Und. Morrow GAS
11. Elevation (Show whether DF, RT, GR, etc.)	388.1' GL	12. County	Eddy

16. 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 ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

Propose to test Morrow interval 10688'-10691'. Pull tubing and bit. Run gamma ray correlation log from plug back total depth to approx. 10300'. Run 4" casing gun and perforate Morrow interval 10668'-91 w/4 DPJSFP. Run 2-3/8" tubing. Set packer approx. 10488' with tailpipe landing approx. 10588'. If well won't flow naturally, stimulate Morrow as follows: Pressure backside of tubing. Pump 1000 gals 7-1/2% MS acid containing 1000 SCF N2 per bbl and additives at 3-6 BPM. Flush acid to perf with approx 43 bbls 2% KCL fresh water with 100 SCF N2 per bbl and a friction reducer additive. Flow and swab well to evaluate productivity.

0+4-NMOCD, A 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 11-18-81

APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE DEC 1 1981

CONDITIONS OF APPROVAL, IF ANY: