

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

JUN 4 '90

WELL API NO. 30-015-26264
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Jasso Unit
8. Well No. 1
9. Pool name or Wildcat Loving, East Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3022.3' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL IN A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

4. Well Location
Unit Letter I : 1864 Feet From The South Line and 350 Feet From The East Line
Section 22 Township 23-S Range 28-E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Block Squeeze ☒

12. 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.

4/2/90 - Set CIBP @ 6095'. Perf 6070'-6075' w/4 jspf. Set pkr @ 6012'. Establish inj rate of 3/4 bpm @ 3000 psi. Bled to 0 psi in 5 min. Rel pkr, poh. Set cmt ret @ 6009'. Block squeeze w/50 sx class H cmt. Rev out 12 sx, 7sx below tool. Drill out ret, cmt, & CIBP. Fin dlrg plug & co sand to 6322'. Circ hole clean. RIH tbg & pkr, set @ 6045'. Pressure test to 1000 psi, OK. Run paraffin knife to cut paraffin. Swab & test.

4/12/90 - Return to production.

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

SIGNATURE Matthew C. Wines TITLE Administrative Analyst DATE 5/31/90
TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/556-3744

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE JUN 15 1990

CONDITIONS OF APPROVAL, IF ANY: