

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dsf +
Dp

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

APR - 8 1991

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 Delaware, East
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 BACK TO 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Acidize; water frac; swabbing optrs. ☒

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.

RUSU 12/31/90

Acidized interval (6150 - 6223') w/2500 gals 15% HCL

Water Frac: 18,000 gals 30#gel, 20,000 gals 30# gel, 40,000# 20/40 sand, 2000 gals
30# gel, 10,000# 16/30 resin coated sand

RDSU 1/17/91

RUSU 1/19/91

Swabbing Operations

RDSU 1/29/91

RUSU 2/4/91

Return downhole pumping equipment (tubing, rods, pump)

RDSU 2/8/91

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 4/1/91
TYPE OR PRINT NAME Kim A. Colvin TELEPHONE NO. 713/596-7686

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 10 1991

CONDITIONS OF APPROVAL, IF ANY: