

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsr
dp

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

OIL CONSERVATION DIVISION
P.O. Box 2088

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

Santa Fe, New Mexico 87504 ~~RECEIVED~~

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

FEB 22 1993

WELL API NO.

30-015-26264

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

Jasso Unit

1. Type of Well

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

1

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092 (Rm 17.182)

9. Pool name or Wildcat

Loving Delaware, East

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, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3022.3 GR

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: Reopening perfs within authorized compl. zone ☒

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.

MIRUSU 9/22/92 X UNABLE TO UNSEAT PMP X STRIP RODS X TBG OUT OF HOLE X HAD TO
CUT PARRIFIN X R 4.5 BIT X CSG SCRAPER X TBG X POH X PERF @ 6110-6143' X R PROD
TBG X RRP X TST X OK X RDMOSU 9/25/92. RETURN TO PRODUCTION.

WELL TEST RESULTS:

BEFORE WORKOVER: 22 OIL / 18 WTR / 131 MCF (9/13/92)

AFTER WORKOVER: 38 OIL / 29 WTR / 205 MCF (10/30/92)

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

SIGNATURE

Devina M. Prince

TITLE

Staff Assistant

DATE 02-15-93

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 596-7686

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

FEB 26 1993

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED 10/10/11
MIKE WILLIAMS
ORIGINAL FILED IN

10/10/11