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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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

2. Name of Operator
AMOCO PRODUCTION COMPANY.

3. Address of Operator
BOX 367, ANDREWS, TEXAS 79714

4. Location of Well
UNIT LETTER L 2086 FEET FROM THE SOUTH LINE AND 554 FEET FROM
THE WEST LINE, SECTION 20 TOWNSHIP 5-S RANGE 33-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
SWEARINGEN B

9. Well No.
3

10. Field and Pool or Wildcat
PETERSON - PENN ASSOC

15. Elevation (Show whether DF, RT, GR, etc.)
4409' - GL

12. County
ROOSEVELT

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

On 3/25/76 5 1/2" OD 14, 15.5, & 17" K-55 & J-55 ST & C & LT @ casing was set @ 7995' w/750 SX Class 3I + .75% CFR2. Tested casing w/2400 psi for 30 min. Test O.K. After NOC apply 5 dump perforated Cisco interval 7740-45 w/255PF & acidized w/1000 gal 15% NE + 100 CFM hydrogen.

Pt. Flowed 279 BO + OBW w/316 MCFG in 24 hrs thru 11/64" ch. TPE 980. Cog Phv. GOR 1133. @gr. 46.8"

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

SIGNED Ray Roakum TITLE ADMINISTRATIVE ASSISTANT DATE 4-7-76

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
1-DIV
1-SUSP
1-REV