

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 10-1-7

54. 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	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Hill A
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Unit No. 8
4. Location of Well UNIT LETTER M 3630 South 877 FEET FROM THE LINE AND FEET FROM West 6 21-S 37-E THE LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Acreage Eumont Yates Seven Rivers Queen
11. Elevation (Show whether DF, RT, GR, etc.) 3513' RDB	12. County Lea

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 JOBS ☐ OTHER ☐

17. Describe Progress 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 clean out fill, acidize and squeeze as follows:

Move in service unit and load well as necessary. Pull rods and pump. Lower tubing and tag bottom. Pull tubing. If needed use sand bailer and clean out fill. Run tubing and treating packer and 2 joints of pipe set at 3610'. Pump 2500 gals 15% NEFE HCL acid, treat at 3-4 BPM. Max pressure 800 PSI. Circulate acid to bottom of tailpipe. Set packer. Flush acid to perfs with 17 bbls. brine water. Swab. Pull tubing with treating packer. Run tubing rods and pump. Set sand at 3720'. Pump 55 gals Wellaid 825, 50 Bbls BW at 1000 PSI max. Flush with 50 bbl brine water. Shut in overnight for inhibitor and soak. Return to production.

0+4-NMOCD, H 1-HOU R. E. Ogden RM 21.150 1-F. J. Nash, HOU RM 4.206 1-SUSP 1-PJS
1-Petro Lewis

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

SIGNED Peter J. Senia TITLE Assist. Admin. Analyst DATE 6-13-83

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 15 1983

CONDITIONS OF APPROVAL, IF ANY: