

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 10-1-70

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 510 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 11-S RANGE 33-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4228' GR	7. Unit Agreement Name 8. Farm or Lease Name Dallas 9. Well No. 1 10. Field and Pool, or Wildcat Inbe Permo Penn 12. County Lea
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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 checked="" 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 JOBS <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.

Moved in service unit 6-21-82. Pulled rods, pump, and tubing. Set a retrievable bridge plug at 9750' and a packer at 9640'. Pressure tested and tested okay. Reset the bridge plug at 9837' and reset the packer at 9722'. Acidized with 1500 gal 15% NEFE HCL. Installed production equipment. Moved out service unit 6-25-82. Pump tested for 264 hrs. and pumped 7 BO, 144 BLW, 15 BW, and 26 MCF. Returned well to production.

O+4-NMOCD,H 1-HOU 1-SUSP 1-CLF

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

SIGNED Cathy L. Jorman TITLE Assist. Admin. Analyst DATE 8-18-82  
ORIGINAL SIGNED BY  
APPROVED BY JERRY M. JORMAN TITLE \_\_\_\_\_ DATE AUG 20 1982  
CONDITIONS OF APPROVAL \_\_\_\_\_