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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Farm or Lease Name CROSBY "G"
3. Address of Operator BOX 68, HOBBS, N. M. 88240		9. Well No. 2
4. Location of Well UNIT LETTER K 1980 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 9 TOWNSHIP 8-S RANGE 30-E NMPM.		10. Field and Pool, or Wildcat CATO SAN ANDRES
15. Elevation (Show whether DF, RT, GR, etc.) 4043' R. D. B.		12. County CHAVES

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.

In an effort to increase oil and gas production, perforated ann'l pay intervals 3225, 27, 31, 35, 39, 45, 52-57, 62-75 w/ 2 ISPF. Acidized w/ 3000 gal 15% LSTNE. Evaluated and restored to production.

Prior - Pmp 1-BDx 1BW 24 hrs. TSTM.

After - Pmp 14 BDx 8BW 24 hrs. 47MCF/g Gor. 3360.

TD - 3403'
PBD - 3386'
4 1/2" CSA 3404'

OC - 5-12-73
COMP - 5-24-73

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

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **5-24-73**

APPROVED BY **1-543P** TITLE _____ DATE **5-24-73**
CONDITIONS OF APPROVAL, IF ANY:

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