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LAND OFFICE	
OPERATOR	

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.
7. Unit Agreement Name
8. Farm or Lease Name WASLEY
9. Well No. 8
10. Field and Pool, or Wildcat CATO SAN ANDRES
12. County CHAVES

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 <input type="checkbox"/>
2. Name of Operator AMOCO PRODUCTION COMPANY
3. Address of Operator P.O. DRAWER A, LEVELLAND, TEXAS 79336
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 14 TOWNSHIP 8-S RANGE 30-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4154 R.D.B.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER ACIDIZE <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input 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.

In an effort to increase oil production, propose to acidizing perfs 3511'-60' with 5000 gals. 15% NE acid and 7500 gals. gelled water containing 20,000 lbs. 100 mesh sand. Evaluate and return to production.

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

SIGNED *Ray W. Cox*

TITLE Administrative Assistant

DATE 6-15-76

5-3-NMOC-C-H

1-DIV

APPROVED BY 1-WF

CONDITIONS OF APPROVAL, IF ANY:

1-RC

Orig. Signed by
Jerry Sexton
Asst. L. Supv.

TITLE _____

DATE _____