

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

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  
(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. <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 Wingerd
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER <u>H</u> , 1980 FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>12-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat Mississippian
15. Elevation (Show whether DF, RT, GR, etc.) 3875' GL		12. County Lea

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 JOB <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.

Began swab testing. Swabbed 11-1/2 hr. and recovered 77 BLW and 19 BO, with good show of gas. POH. Ran back in with packer, 2-7/8" seating nipple, tubing, and packer set at 11,127'. Swabbed 8-1/2 hr and recovered 49 BLW. Moved out service unit 3-31-83 and moved in swab unit 3-31-83. Swabbed 4 days. Last day, made 3 runs, swabbed dry. Waited 1 hr on runs and made 7 runs. Recovered 10 BLW, 5 BO, and a trace of gas after each run. Moved out swab unit 4-4-83. Currently shut-in evaluating.

0+4-NMOCD, H 1-HOU 1-F. J. Nash, HOU 1-CMH

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

SIGNED Charles M. Nearing TITLE Assist. Admin. Analyst DATE 4-6-83

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 11 1983

CONDITIONS OF APPROVAL, IF ANY: Excludes 4/11/84

7/1/84

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APR 8 1983  
HOBBS OFFICE