

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

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 <input type="checkbox"/>	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, NM 88240	9. Well No. 12
4. Location of Well UNIT LETTER <u>0</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>1650</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 Gladiola Dev.
15. Elevation (Show whether DF, RT, CR, etc.) 3887' RDB	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 AL. CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Moved in service unit 6-9-80. Ran tubing and packer and set at 11,480'. Acidized with 4000 gallons 15% Mod 202acid. Flush with 74 bbls. water. Swabbed well. Ran pumping equipment and installed pumping unit. Placed well on production. Production after workover in 24 hrs. 11 B0 and 39 BW.

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

SIGNED C. M. [Signature] TITLE Assist. Admin. Analyst DATE 7-10-80

APPROVED BY [Signature] TITLE Terry [Signature] DATE JUL 14 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD, H

1-Hou

1-Susp

1-MKE