

STATE OF NEW MEXICO
AND MINERALS DEPARTMENT

1. OF COPIES RECEIVED	
DISTRIBUTION	
NTA FE	
LE	
S.O.S.	
AND OFFICE	
PERATOR	

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

Form C-103
Revised 10-1-77

3a. Indicate Type of Lease
State ☒ Fee ☐
3. State Oil & Gas Lease No.
LG-8446

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 ☐ GAS WELL ☐ OTHER-

10. of Operator

AMOCO PRODUCTION COMPANY
Address of Operator

P.O. BOX 68, HOBBS, NEW MEXICO 88240

Location of Well

UNIT LETTER **K** **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **West** LINE, SECTION **23** TOWNSHIP **13-S** RANGE **32-E** N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name

State I Q Com

9. Well No.

1

10. Field and Pool, or Wildcat

Brown Upper Penn

15. Elevation (Show whether DF, RT, GR, etc.)

4312.4' GR

12. County

Lea

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

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☒

Acid Stimulated

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

MISU 7-30-85 and POH with rods, pump, and tubing. RIH with pin point injection packer and set at 9636'. Loaded backside and ran base treatment survey. Stimulated with 10,000 gals 40 CP Gel and 15 % NEFE HCL acid. Flushed with 37 BFW. Pulled out of hole with tubing and packer. Re-ran production equipment. Seating nipple landed at 9863' and tubing anchor set at 9678'. MOSU 8-2-85 and began pump testing. Operations Completed 8-13-85. PAWD: 28 BOPD, 69 BWPD, 70 MCFD.

0+5 NIMOC, Hobbs 1-JRB 1-FIN 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. Herring**

TITLE **ADMINISTRATIVE ANALYST (SG)**

DATE

8/19/85

ORIGINAL SIGNED BY **JERRY SEXTON**
DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

AUG 21 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 20 1985

O.C.D.
HOBBS OFFICE