

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
K-4670

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 ☐ GAS ☐ OTHER- **PXA**

2. Name of Operator
Amoco Production Company

3. Address of Operator
P.O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER **D** **660** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **19** TOWNSHIP **13-S** RANGE **33-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
State DY

9. Well No.
2

10. Field and Pool, or wildcat
Baum Upper Penn

15. Elevation (Show whether DF, RT, GR, etc.)
4296.5 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 12-26-84. Attempted to pull production equipment and unable to move pump. MOSU 1-19-85. Began pump testing 1-21-85 to recover load water. Pump stuck and MISU 1-23-85. MOSU 1-24-85 and attempted to resume pump testing. Well would not pump. MISU 2-11-85 and pulled production equipment. Ran cmr. rel. and tbg. to 8030'. Set cmr. rel. and attempted to circulate. Spotted 100 sx cmr. on top of rel. 8020'-7620'. Spotted 25 sx Class H Neat 5510'-5285'; Spotted 25 sx 4213'-3988'; Spotted 25 sx 1930'-1705'; and 10 sx to surface. Cut off wellhead and installed cap. MOSU 2-13-85.

0+5-NMOCQ, H 1-JRB 1-FJN 1-GCC

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

SIGNED **Bonita Goble** TITLE **Administrative Analyst** DATE **2-26-85**

APPROVED BY **Lyle F. Turnacliff** TITLE **OIL & GAS INSPECTOR** DATE **DEC 30 1985**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 27 1985

MAIL ROOM