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

Form C-103  
Revised 10-1-7.

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<br>AMOCO PRODUCTION COMPANY   | 8. Farm or Lease Name<br>State NB                 |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, New Mexico 88240   | 9. Well No.<br>1                                  |
| 4. Location of Well<br>UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>14</u> TOWNSHIP <u>13-S</u> RANGE <u>32-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Baum Upper Penn |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4306' GL   | 12. County<br>Lea                                 |

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 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 JOBS <input type="checkbox"/>  |   |
| OTHER <input type="checkbox"/>                 |   | OTHER <u>acid Cisco perfs &amp; install artificial lift</u> <input checked="" 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.

MISU 7-19-84. Ran Base GR/Temp sur. Acid with 1000 gals 15% NEFE HCL and 2000 gals 15% NEFE HCL and drop 160 ball sealers. Flush with 42 BFW 2% KCL. Ran After treatment sur. Release packer and POOH with packer and tubing. Ran seating nipple and tubing. Ran rods and pump. MOSU. Well currently producing.

0+5-NMOCD,H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC,

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

SIGNED Bonita Coble TITLE Administrative Analyst DATE 7-31-84

ORIGINAL SIGNED BY JERRY SEATON  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG - 3 1984

CONDITIONS OF APPROVAL, IF ANY: