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.G.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 ☒   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
Peterson C

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

9. Well No.
1

4. Location of well
UNIT LETTER I   1980 FEET FROM THE South LINE AND 660 FEET FROM

THE East LINE, SECTION 18 TOWNSHIP 5-S RANGE 33 37-E NMPM.

10. Field and Pool, or Wildcat
Peterson Penn (Associate

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

12. County
Roosevelt

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER

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.

Propose to increase productivity by the following method:

Shut in well three days before workover. Pull pump. Run a bottom hole pressure bomb for a dip in survey. Pull tubing and anchor. Retubing and packer. Set packer at 7640' with 90' of tailpipe. Acidize with 2500 gallons 15% NE HCL acid. Flush with 35 bbls. fresh water. Pull packer and run pumping and equipment. Return well to production.

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

SIGNED _____   TITLE Assist. Admin. Analyst   DATE 10-8-80

Orig. signed by
Jerry Sexton
APPROVED BY _____   TITLE _____   DATE _____
Dist 1 Supv.
CONDITIONS OF APPROVAL, IF ANY: 0+4-NMOCD, H   1-Hou   1-Susp   1-MKE