

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-79

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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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER N 554 FEET FROM THE South LINE AND 2078 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 5-S RANGE 33-E N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) 4429' GR	7. Unit Agreement Name 8. Farm or Lease Name Swearingen C 9. Well No. 1 10. Field and Pool, or Wildcat Peterson Penn Assoc. 12. County Roosevelt
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 OPMS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

As requested in NMOCD letter dated Nov. 6, 1981 well was retested for packer leakage. Data from initial retest was no good. Ran another packer leakage test, which failed, indicating a leak in the tubing. Well was then shut-in. Propose to repair well by pulling tubing and packer, running chemical treatment inhibitor, and then re-running tubing and packer. Upon completion of repair work, a packer leakage test will be re-run.

0+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Furman TITLE Assist. Admin. Analyst DATE 2-9-82
APPROVED BY Jerry Sexton DATE 1982
CONDITIONS OF APPROVAL, IF ANY: