

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form O-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☐ For ☒
5. State Oil & Gas Lease No.

SUNDY 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 TO DRILL" (FORM O-101) FOR SUCH PROPOSALS.)

1. OIL ☐ GAS ☐ OTHER: <u>Water Disposal</u>	7. Unit Agreement Name
2. Name of Operator <u>Amoco Production Company</u>	8. Name of Lease Name <u>Petersen Perm Storage Sys.</u>
3. Address of Operator <u>P. O. Box 68, Hobbs NM 88240</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>5-S</u> RANGE <u>33-E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Fusselman</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4434' RDB</u>	12. County <u>Roosevelt</u>

16. 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 CONS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ <u>Acidize</u>

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.

MI. pump trucks and pump 3,000 gals 15% HCl down inj. lbg.
Flushed with produced water and moved out pump trucks.
Injection after workover 350 BWIPDX 750 PSI

0+5 NMCD, H, 1 - J.R. Barnett, Hon 1-F.J. Nash, Hon 1-GCC

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

SIGNED: Mary C. Clark TITLE: Asst. Admin Analyst DATE: 11-13-84

APPROVED BY: Eddie W. Boyd TITLE: Oil & Gas Engineer DATE: NOV 15 1984

CONDITIONS OF APPROVAL, IF ANY: