

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal	7. Unit Agreement Name Peterson Penn Storage Syst
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Swearingen "C"
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 2
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 Fusselman
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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 CAS. <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

Acidize well as follows:

Pumped 3000 gallons 15% HCL down tubing and flushed with 38 bbls. fresh water.  
Returned well to injection.

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

SIGNED Mary Sexton TITLE Assist. Admin. Analyst DATE 7-11-80

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist. 1. Supv. DATE JUL 15 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD, H

1-Hou

1-Susp

1-MKE