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.O.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.)

7. Unit Agreement Name

1.
OIL WELL ☐   GAS WELL ☒   OTHER-

8. Farm or Lease Name
Roosevelt State ~~IG~~

2. Name of Operator
Amoco Production Company

9. Well No.
1

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

10. Field and Pool, or Wildcat
Wildcat ~~Cisco~~

4. Location of Well

UNIT LETTER ___M___ , ___660___ FEET FROM THE ___South___ LINE AND ___660___ FEET FROM

THE ___West___ LINE, SECTION ___16___ TOWNSHIP ___6-S___ RANGE ___34-E___ NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4354' GL

12. County
Roosevelt

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	☐
OTHER _____	

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.

Ran cement retainer and set at 7655'. Squeezed 150 sacks Class H and reversed out 90 sacks and pulled tubing. Perforated 7790'-7791' and ran tubing and cement retainer and set 7690'. Squeezed perforations 7790'-7791' with 100 sacks Class H. Reversed out 72 sacks. Perforated 7700'-7701'. Packer set at 7600'. Squeezed perfs 7700'-7701' with 100 sacks Class H and reversed out 52 sacks. Perforated 7738'-7746'. Acidized with 500 gallons 15% NE. Pump tested well for 6 days. Shut-in well until additional work performed.

0+4-NMOCD, H   1-Hou   1-Susp   1-W. Stafford, Hou   1-GPM

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

SIGNED _Greg Mitchell_   TITLE ___Admin. Analyst___   DATE ___5-7-81___

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY _____

Expires 12/17/81 (1st)