

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Amoco Production Company	8. Farm or Lease Name Killian
Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 1
Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>19</u> TOWNSHIP <u>5-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat South Peterson Fusselman
15. Elevation (Show whether DF, RT, GR, etc.) 4413.1' GL	12. County Roosevelt

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 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 CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	Perforate and acidize <input checked="" type="checkbox"/>

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.

Swab tested 3 days and recovered 519 BW. Squeeze perforations 7738'-7751' with 150 SX Class H cement and reverse out 120 SX. Perforate 7739'-7742' and 7747'-7759' with 2 JSPF. Spot 450 gals. 15% NEFE HCL acid. Currently swab testing.

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

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

SIGNED Harold J. Folsom TITLE Admin. Analyst DATE 2-27-81

Orig. Signed by
Jerry Sexton

APPROVED BY Dan L. Sutter TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: