

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

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ For ☒
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 ☐ GAS ☒ OTHER ☐
2. Name of Operator
Amoco Production Company
3. Address of Operator
P. O. Box 68, Hobbs, NM 88240
4. Location of Well
UNIT LETTER I 3637 FEET FROM THE North LINE AND 810 FEET FROM
THE East LINE, SECTION 3 TOWNSHIP 16-S RANGE 32-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4831.8 RDB
7. Unit Agreement Name
8. Farm or Lease Name
State MM Com.
9. Well No.
1
10. Field and Pool, or Wildcat
North Anderson Ranch Wolfcamp
12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
FULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Propose to determine water source squeeze and reperforate existing pay zone. Shut-in well for 48 hrs. Run dip-in bottom hole pressure to perfs with 1-1/4" bomb. Run radioactive pump-in tracer & temperature survey utilizing downhole injector tool. Inject 2% KCL water at 1 bbl. per minute or less. Maximum outside diameter of downhole tool is limited by 1.62" F type profile nipple in tubing. Recommend using cardinal surveys 1.25" injector tool assembly. Return well to production. Supplemental brief for cement squeeze & reperforation will follow pending the results of the radioactive pump-in tracer survey.

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

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

SIGNED Cathy L. Ferman

TITLE Assist. Admin. Analyst

DATE 10-26-81

Orig. Signed by

Les Clemente

APPROVED BY Les Clemente
CONDITIONS OF Approval INSP.

TITLE

DATE OCT 29 1981