

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Farm or Lease Name Anderson B Com.
3. Address of Operator P.O. Box 68, Hobbs, NM 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>I</u> <u>3637</u> FEET FROM THE <u>North</u> LINE AND <u>810</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>16-S</u> RANGE <u>32-E</u> N.M.P.M.		10. Field and Pool or Wildcat <u>Und. Anderson Ranch Wolf</u> <u>sand</u>
15. Elevation (Show whether DF, RT, GR, etc.) 4831.8' RDB		12. County Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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.

Swabbed three days with no trace of oil or gas. Set a cast iron bridge plug at 9950' and capped with 35' Class H cement. Perforated 9812'-9846' with 1 JSPF. Landed tubing and tailpipe at 9690'. Packer set at 9496'. Acidized with 4850 gal. 15% NEFE HCL acid. Swabbed well and installed testing equipment.

0+4-NMOCD, H 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou 1-Mobil 1-Gulf

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

SIGNED John Runyan TITLE Administrative Supervisor DATE 9-10-80

Orig. Signed by
John Runyan
Geologist

SEP 11 1980

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY _____