

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" 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> NMPM.	10. Field and Pool, or Allotment Und. Anderson Ranch Morro
15. Elevation (Show whether DF, RT, GR, etc.) 4831.8 RDB	12. County Lea

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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Swabbed two days and recovered no oil and no gas. Moved in service unit 8-21-80.
Set a cast iron bridge plug at 10075'. Perforated 10050'-10062' with 2 JSPF. Ran
2-3/8" tubing and set tailpipe at 10086'. Acidized with 5000 gal. 15% HCL acid.
Currently swab testing.

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 Bob Davis TITLE Administrative Analyst DATE 8-27-80

APPROVED BY Jerry Sexton TITLE Dist. 1, Supv. DATE AUG 29 1980
CONDITIONS OF APPROVAL, IF ANY: