STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

we. er contes acceives			
DISTRIBUTION			
SANTA FE			
FILE			
U.3.0.5.	1		
LAND OFFICE			
00001105		1	

OIL CONSERVATION DIVISION

P. O. BOX 2088

Form C-103 - Revised 10-1-78

SANTA FE	SANTA FE, NEW MEXICO 87501	
FILE		5a. Indicate Type of Lease
U.S.O.S.		State X Fee
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		į
		THITTINING THE
SUNDRY NO	TICES AND REPORTS ON WELLS TO DRILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.	
(DO NOT USE THIS FORM FOR PROPOSALS USE "APPLICATION FOR	PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
•	· ·	7. Om. Agreement trans
OIL X WELL OT	HER-	8. Farm or Lease Name
Name of Operator		State A 3
Amoco Production Company		
. Address of Operator		9. Well No.
	99240	27
P. O. Box 68, Hobbs, NM	1 00240	10.,Field and Pool, or Wildcat
. Location of Well	FEET FROM THE SOUTH LINE AND 610 FEET F	Bowers Seven Kivers
UNIT LETTERP	FEET FROM THE SOUTH LINE AND DIU FEET F	
East LINE SECTION	33 TOWNSHIP 18-S RANGE 38-E NA	16W- (
THE		12. County
	15. Elevation (Show whether DF, RT, GR, etc.)	
	3631' RDB	Lea
16.	opriate Box To Indicate Nature of Notice, Report or	Other Data
Check Appro	SUBSEQU	ENT REPORT OF:
NOTICE OF INTEN	ITION TO:	_
	T X	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	· 🗖
	OTHER	
OTHER		
	li parione datar incli	uding estimated date of starting any proposed
17. Describe Proposed or Completed Operation	ons (Clearly state all pertinent details, and give pertinent dates, incli	
work) SEE RULE 1903.		
	i., == po _ r	25 PO
Moved in service unit 8-	3-81. Hot oiled down tubing with 75 BO. F	Reversed out 25 bu.
	astad with 1200 date the NE DGL ADUL GUIG	i i usiica ii i cii
12 bbl brine water Pl	aced well to pump test. Well pumped 33 BO	X 139 BLW X 35 BW
X 197 MCF in 264 hrs.	, ,	•
X 197 PICE TH 204 III 3:		
	•	
		•
0+4-NMOCD, H 1-Hou	. 1-Susp 1-W. Stafford, Hou 1-GPM	
0., 11.000, 11		
•		•
Title and Information and	whis true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information and	1-1	
/L / YN T	Admin. Analyst	9-3-81
They / They	TITLE	UAIC
OM, Regard h	3	
	•	
Jerry Samen	YITLE	DATE
APPROVED BY Date in Fig.		
CONDITIONS OF APPROVAL, IF ANYI		•••