

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-73

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

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
A-1573

**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 ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
AMOCO PRODUCTION COMPANY

Address of Operator  
P. O. Box 68, Hobbs, NM 88240

Location of Well  
UNIT LETTER E, 1980 FEET FROM THE North LINE AND 660 FEET FROM  
THE West LINE, SECTION 33 TOWNSHIP 18 RANGE 38 N14W.

7. Unit Agreement Name  
8. Farm or Lease Name  
State "G"  
9. Well No.  
5  
10. Field and Pool, or Wildcat  
Hobbs Paddock  
11. Elevation (Show whether DF, RT, GR, etc.)  
3641' GL  
12. County  
Lea

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 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 JOBS <input 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.

MI and RUSU and POH with rods, pump and tubing. Perf 5330-5340 with 4 JSPF 90° phasing. RIH with PPIP and acidize 5346-5369 with 25 gal acid/ft. Acidize 5330-5340 with 50 gal acid/ft. Pull up packer and set at 5300 and pump 1925 gal 15% HCL with additives. Swab. Install pumping equipment and MOSU.  
PPWO: 18 BOPD x 135 BWPD x 0 MCFD.  
PAWO: 22 BOPD x 213 BWPD x 11 MCFD.

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

by Don Mitchell TITLE Sr Admin. Analyst DATE 5-7-87  
D. M. Mitchell

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 11 1987

NOTATIONS OF APPROVAL, IF ANY: