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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
*Supersedes Old C-102 and C-103*
Effective 1-1-65

5a. Indicate Type of Lease: State [X] 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.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: STATE G

3. Address of Operator: BOX 68, HOBBS, N. M. 88240

9. Well No.: 5

4. Location of Well: UNIT LETTER E, 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 33 TOWNSHIP 18-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: *

15. Elevation (Show whether DF, RT, GR, etc.): 3657' R.D.B

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 [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [X] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER [ ] | | OTHER [ ] | |

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.

In an effort to increase productivity remedial work performed as follows:

* HOBBS & LINEBRY - Acidized perforations w/4000 gal 20% NEFE in 2 stages. Evaluated -
PRIOR - Pmp 50 60 x 5 BW 24 Hrs. GOR - 1000
AFTER - " 32 30 x 38 BW 24 Hrs.

HOBBS DRINKARD - Perforated addt'l intervals 6655, 71-76, 80, 85, 97-6701, 17-19, 25, 42, 45, 53-55, 68, 76, 78, 83, 89, 97-99, 6803-06 w/2 JSPF. Acidized w/ 5000 gal 15% LSTNE. Evaluated.
PRIOR - Pmp. 36 80 + 0 BW, 24 hrs. GOR 1527.
AFTER - FLOW. 19 130 + 8 BLW + 208 MCFG 24 Hrs. GOR 10,947

TD 7040'
PBD-6983'
PSA-6056'
7" CSN 7040'

DUAL COMP-
BLBY PERFS- 5856-5961'
DKD " - 6655-6981'

OC - 12-12-72
COMP - 1-8-73

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 1-18-73

APPROVED BY Orig. Signed by Joe D. Ramey Dist. I, Supv. TITLE _____ DATE JAN 22 1973

CONDITIONS OF APPROVAL, IF ANY:

cc: 2-NMOCC-H
1-Div
1-SUSP