

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 10-1-73

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State G
3. Address of Operator P.O. Box 68, Hobbs, NM 88240	9. Well No. 6
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 18-S RANGE 38-E N.M.P.M.	10. Field and Pool, or Wildcat Hobbs Brinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3660' RDB	12. County Dea

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 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 JOB <input type="checkbox"/>	OTHER frac stimulation <input checked="" 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.

MISU 1-22-85. Pulled tbg. and anchor. Frac'd down tbg. with 46,200 gals. gel and 30,866 gals. CO₂ and 26,019 lbs. sand. Cleaned out fill and ran production equipment. MOSU 2-19-85. Pump tested approximately 3 weeks. Last 24 hrs. pumped 7 BO X 46 BW X 88 MCF. Unsuccessful workover to increase production. Well currently producing.

46-NMOCB, H 1-JRB 1-FJN 1-BFC

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

SIGNED **Bonita Coble** TITLE **Administrative Analyst** DATE **3-19-85**

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

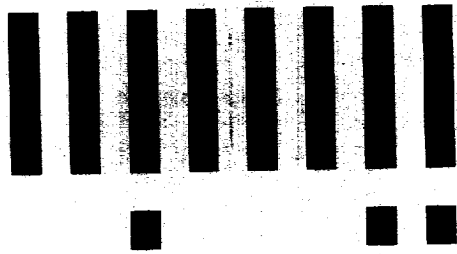
DATE **MAR 21 1985**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 20 1985

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



LTR



Job separation sheet

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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State <input checked="" type="checkbox"/>	Free <input type="checkbox"/>
5. State Oil & Gas Lease No.	
A-1573	

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15. Elevation (Show whether DF, RT, GR, etc.) 3660' RDB		12. County Lea

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PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> acidize

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 1105.

Moved in service unit and pulled rods and pump on 1-15-84. Loaded casing with 125 bbls fresh water with 2% KCL. Nippled up blow out preventer and pulled tubing. Ran 5-1/2" by 2-3/8" packer with seating nipple. Packer set at 5737'. Tailpipe landed at 6867' unable to run swab because of paraffin. Pumped 3410 gal acid and 1840 gal A-Sol. Flushed with 30 bbls fresh water with 2%KCL. Pulled tubing and layed down packer. Ran 2-1/16" seating nipple, 35 jts. 2-1/16" tubing and tubing anchor. Tailpipe landed at 6929 and anchor set at 5729'. Ran rods and pump. Loaded tubing and pressure tested 500 psi, tested OK. Moved off service unit 1-18-84. Started pump testing 1-23-84. Pump tested for 11 days. Last 24 hours pumped 14 BO, 8 BW and 12 MCFD. Well is currently producing.

O+5-NMOCD,H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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

SIGNED Mary C. Clark TITLE Assist. Admin. Analyst DATE 2-28-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE MAR 1 1984

RECEIVED
FEB 29 1984
HOBBSVILLE