

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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.)

6. Name of Operator Amoco Production Company		7. Unit Agreement Name
3. Address of Operator P. O. Box 68 Hobbs, NM 88240		8. Farm or Lease Name State DR
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>19-S</u> RANGE <u>32-E</u> N.M.P.M.		9. Well No. 3
15. Elevation (Show whether DF, RT, GR, etc.)		10. Field and Pool, or Wildcat East Lusk Wolfcamp
		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 checked="" 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 <input type="checkbox"/>

16. 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.

Propose to increase production by the following method:

Pull rods and pump. Run tubing string w/2 joints of tailpipe below the packer and set packer at 10650. Pump approx. 1000 gallons of acid down the tubing and flush with approx. 54 bbls. of water. Swab back load. Return well to production.

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

SIGNED Jerry Sexton TITLE Assist. Admin. Analyst DATE 11-17-80

Orig. Signed by

Jerry Sexton

Dist. 1, Sup.

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 19 1980

CONDITIONS OF APPROVAL, IF ANY: