

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☐ Fee ☒
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Turner Tract 2
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 30
4. Location of Well UNIT LETTER <u>E</u> <u>1990</u> FEET FROM THE <u>North</u> LINE AND <u>511</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat Hobbs DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) 3647' DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
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.

Moved in service unit 7-30-81. Pull rods, tubing, and pump. Killed well with 70 bbl. brine water. Well blew out. Killed well with 700 bbl. brine water. Ran packer and set at 6888'. Acidized with 4200 gal. 15% retarded acid with 2000 gals. 30# gel brine pad. Ran rods and pump. Placed well on pump test. Well pumped 122 BO X 1461 BLW X 545 BW X 1743 MCF in 240 hrs.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 9-3-81

APPROVED BY [Signature] TITLE DATE SEP 11 1981
CONDITIONS OF APPROVAL, IF ANY: