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OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

SUMMARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELLS TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL (FORM C-104) FOR SUCH PROPOSALS.

34. Indicate Type of Lease
State ☒ State ☐
3. State Oil & Gas Lease No.
E-2520

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Amoco Production Company
3. Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240
4. Location of well
UNIT LETTER P 960 FEET FROM THE South LINE AND 330 FEET FROM
THE East LINE, SECTION 26 TOWNSHIP 18-S RANGE 34-E
15. Elevation (Show whether OF, RT, GR, etc.)
3974.8' GR
12. County
Lea

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

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐
REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Propose to pull tubing, set an RBP and pump test as follows:

Rig up service unit, pull rods and pump from Bone springs and Wolfcamp. Unlatch Bone Springs tubing and set anchor at 9243'. Release packer set at 10,573' and pull. Run in RBP and set at 10,550'. Run in with tubing and packer with no tailpipe and set at 9400'. Pressure test RBP to 1000 psi. Release packer pull up and reset at 9200'. Pressure up and check for casing leaks. Release packer and pull along with tubing. Run in tubing, tubing anchor, landing tubing at 9350' and anchor at 9260'. Install artificial lift and test upper Bone Springs. Will evaluate and advise on status of results with subsequent report.

0+4-NMOCD,H 1-HOU R. E. Ogden RM 21.150 1-F. J. Nash, HOU RM 4.206 1-SUSP
1-PJS 1-Petro Lewis

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNED Peter J. Sena TITLE Assist. Admin. Analyst DATE 10-5-83
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPR. TITLE _____ DATE OCT 11 1983
APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY _____