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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 ☒ Fee ☐
5. State Oil & Gas Lease No. L-4883
7. Unit Agreement Name
8. Farm or Lease Name State HR
9. Well No. 1
10. Field and Pool, or Wildcat Und. Airstrip Wolfcamp
11. County Lea

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.
APPLICATION FOR PERMIT TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.

1. Indicate Type of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Operator's Name Amoco Production Company
3. Address of Operator P. O. Box 68 Hobbs, NM 88240
4. Location of Well UNIT LETTER C 330 FEET FROM THE North LINE AND 1980 FEET FROM West THE LINE, SECTION 36 TOWNSHIP 18-S RANGE 34-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.) 3965.5' GL

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 ☐
WELL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNG. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER ☒ Perforate and acidize

17. Indicate the nature of subsequent operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Perforated Wolfcamp intervals 10712'-10717', 10731'-10736', 10749'-10765', and 10793'-10812' with 2 JSPF. Acidized perfs with 9000 gal. 20% HCL acid X additives. Flushed with 47 bbls. 10# brine. Currently test pumping.

0+5-NMOCD 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou
1-Superior 1-Mesa 1-Bass 1-Pacific Lighting Gas 1-Southland Royalty

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

SIGNED Benton Green TITLE Assist. Admin. Analyst DATE 12-30-80

Orig. Signed by
Jerry Sextant
Dist. L. Sextant

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: