

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68 Hobbs, NM 88240

Location of Well

UNIT LETTER I, 1780 FEET FROM THE South LINE AND 480 FEET FROM

THE East LINE, SECTION 26 TOWNSHIP 18-S RANGE 34-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name

State HQ

9. Well No.

2

10. Field and Pool, or With Pool
Airstrip Upper Springs

11. Elevation (Show whether DF, RT, GR, etc.)

3975' GR

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 ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

OTHER ☐

13. 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 4-21-81. Ran tubing and packer and set at 9054' with the tailpipe set at 9159'. Acidized with 2500 gallons tagged with radioactive material and separated by 400 gallons of gelled brine. Perforated 9230'-9474'. Swabbed well and returned to production.

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM

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 6-30-81

Also Signed by
Jerry Sexton

APPROVED BY Don L. Suppe

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: