

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form O-103
Revised 10-1-7

5d. 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-1011 FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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 <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NADOM. 15. Elevation (Show whether DF, RT, GR, etc.) 3974.6' GL 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name State IA 9. Well No. 1 10. Field and Pool, or Acrecat Airstrip Wolfcamp
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10. 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 3-8-82. Pulled rods, pump, tubing, and tubing anchor. Ran packer and 2-7/8" tubing. Set packer at 10730'. Pumped 9000 gal 40# gelled KCL water, 10000 gal 20% NEFE HCL acid, 10700 gal CO2, and 60 bbl 2% KCL water. Dropped 45 ball sealers in first part of pad. Pulled tubing and packer. Ran anchor, seating nipple, 253 joints of 2-3/8" tubing, and 87 joints of 2-7/8" tubing. Anchor set at 10597'. Ran rods and pump. Moved out service unit 3-17-82. Pump tested for 264 hrs. and pumped 14 BO, 387 BLW, and 54 BW. Returned well to production.

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

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

SIGNED Cathy L. Farman TITLE Assist. Admin. Analyst DATE 3-31-82
APPROVED BY _____ TITLE _____ DATE APR 2 1982
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 1 1967

G.C.D.
HOBBS OFFICE