

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

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

Form C-103  
Revised 10-1-73

4a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

State HR

9. Well No.

2Y

10. Field and Pool, or Wildcat

Airstrip Lower Bone Springs

12. 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. 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 A 380 FEET FROM THE North LINE AND 660 FEET FROM  
THE East LINE, SECTION 36 TOWNSHIP 18-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
3954.9' GL

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 ☐ Perforate and acidize ☒

OTHER ☐

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.

Move in service unit 3-2-81. Set cast iron bridge plug 9900'. Perforate Bone Springs intervals 9295'-9303' with 2 JSPF. Acidized with 3850 gal. 15% NEFE HCL acid with additives. Swab tested 12 hours and recovered 38 BLW. Currently shut-in pending further evaluation.

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

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

SIGNED Gerald J. Foshie

TITLE Admin. Analyst

DATE 3-16-81

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature] DATE [Signature]