

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-3674

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 - "A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name State HQ
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 5
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM East LINE, SECTION 26 TOWNSHIP 18-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Villacat Airstrip Lower Bn. Spr.
15. Elevation (Show whether DF, RT, GR, etc.) 3979.6' GR	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

Started well flowing 5-5-84. Ran Dip-In BHP bomb, SITP 26 psi and BHP 2833 psi at 10300'. Moved in service unit 5-9-84 and ran base temp survey. Acidized the interval 10272'-10344' with 7000 gal 15% HCL acid with additives. Tagged acid with RA material and flushed with 63 bbl FW 2% KCL. Ran after treatment survey. Swabbed well and well started flowing. Well died and began swab testing. Currently swab testing.

0+5-NMOCD, H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC
1-Mesa 1-Bass 1-TXO, Mid 1-TXO, Dallas 1-Superior, Mid 1-Superior, HOU 1-Pacific
1-Southland Royalty

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

SIGNED Gary C. Clark TITLE Assist. Admin. Analyst DATE 5-16-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAY 18 1984

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: