

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name
2. Name of Operator <i>AMOCO PRODUCTION COMPANY</i>		8. Farm or Lease Name <i>STATE 'HQ'</i>
3. Address of Operator <i>P.O. BOX 68, HOBBS, NEW MEXICO 88240</i>		9. Well No. <i>6</i>
4. Location of Well UNIT LETTER <i>K</i> <i>1980</i> FEET FROM THE <i>South</i> LINE AND <i>1980</i> FEET FROM THE <i>West</i> LINE, SECTION <i>26</i> TOWNSHIP <i>18-S</i> RANGE <i>34-E</i> NMPM.		10. Field and Pool, or Wildcat <i>Airstrip Bone Springs</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3987.4' GL</i>		12. County <i>Lea</i>

16. 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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <i>Acid frac to increase production</i> ☒

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.

*MISU 8-12-85 and POH with production equipment. DIH with packer and 2 7/8" tubing. Set packer at 2005'. Pumped 15,000 gals 20% HCL gel acid, 36,000 gals 40# gel FW 2% KCl. Flushed with 182 BBLs brine water. Opened well and unloaded 236 BLW. Released packer and POH. Re-ran production equipment. Seating nipple landed at 9320' and tubing anchor set at 9152'. MISU 8-14-85 and returned well to production. Operations completed 8-29-85.
PAWD: 3BOPD, 6BWPD, 1MCFD.*

015 NMOC, H 1-JRB 1-FJN 1-CMH 1-Mesa			
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <i>Charles M. Herring</i>	TITLE <i>ADMINISTRATIVE ANALYST (SG)</i>	DATE <i>8/30/85</i>	
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR		SEP - 4 1985	
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			

RECEIVED

SEP - 3 1985

O.C.G.
MOBILE OFFICE