

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-70

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-10784	

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 Amoco Production Company	8. Farm or Lease Name State HS
3. Address of Operator P.O. Box 68, Hobbs, NM 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat West Vacuum Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 4046.0' GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER perf and acidizing ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 12-9-84. Pulled rods and pump. Released tbg. anchor. Ran tbg. and landed at 8145'. Circulated hole clean. Spotted 5 BBLs 15% NEFE HCL with additives. POH with tbg. and tbg. anchor. Perforated Bone Springs 8070'-8080', 8090'-8103', 8114'-8124', with 4 SPF. Ran tbg. and pbs. set at 7966'. Swab. Ran before-treatment survey. Pulled tbg. and set pbs. at 8124'. Pumped 3300 gals. 15% HCL acid with additives over pbs. in 2 ft. intervals. Swab. Ran tbg. and landed at 8000'. Ran rods and pump.
MOSU 12-17-84. Resume pump testing.

245-NMOCB, H 1-JRB 1-FUN 1-GCC 1-Surf. Mid

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

SIGNED Bonita Coble Administrative Analyst DATE 1-11-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 15 1985

CONDITIONS OF APPROVAL, IF ANY: