

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 L 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 18-S RANGE 34-E N.M.P.M.	10. Field and Pool, or Wildcat West Vacuum Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 4046.0' GR	12. County Lea

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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☒ Status Update

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.

Began pump testing 10-17-84 and pump tested apx 11 days. MISU 11-2-84 and POH with production equipment. Ran tbg and PPI pkr, set at 8058' and acidized 8058'-8066' with 800 gals 15% HCl w/add. Fished RFC valve and fluid plug. Flushed with 33 bbls brine. POH with tbg and pkr. RTH with seating nipple, tbg, and tbg anchor. Seating nipple landed at 8066' and anchor set at 7998'. Ran rods and pump, tested pump to 500 psi for 15 min, OK. MOSU 11-5-84 and currently pump testing. 0+5 NMOC, H 1-J.R. Barnett, Han 1-F.J. Nash, Han 1-GCC 1-Gulf, Mid.

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

SIGNED **Mary C. Clark** TITLE **Asst. Admin. Analyst** DATE **11-10-84**

OR GINAL SIGNED BY JERRY SEATON

APPROVED BY _____ TITLE _____ DATE **NOV 14 1984**

CONDITIONS OF APPROVAL, IF ANY: