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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☒   Fee ☐

5. State Oil & Gas Lease No.
B-1553

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 E TRACT 18

3. Address of Operator
BOX 68, HOBBS, N. M. 88240

9. Well No.
15

4. Location of Well

UNIT LETTER **C** , **330** FEET FROM THE **NORTH** LINE AND **2310'** FEET FROM

10. Field and Pool, or Wildcat
LOVINGTON ABO

THE **WEST** LINE, SECTION **1** TOWNSHIP **17-S** RANGE **36-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3843 DF.

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 ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____
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.

In an effort to increase productivity of well remedial work performed as follows:

Squeezed Abo perforated interval 8290'-8297' w/ 100 sx Class H cement + 3/10% CFR-2 + 1/2# TUFF Plug last 50 sx. Circ 32sx.

Perforated Abo intervals 8231-44, 8384-87, 90-96, 8412-20, 24-28, 33-38 w/2JSPF. Acd. perfs 8231-44 w/2000 gal 20%. Acd. perfs 8384-8438 w/5000 gal 20%. Evaluated.

Prior: Pmp. 68 BO x 271 BW 24 Hrs.
After: " 112 BO x 761 BW 24 Hrs. (UNIDRAULIC)

OC - 1-24-74
Comp - 3-27-74

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

SIGNED **Roy R. Yoakum**   TITLE **ADMINISTRATIVE ASSISTANT**   DATE **3-28-74**

O+ 2·NMOCC·H

APPROVED BY _____ 1-DIV
TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:
1-SUSP
1-RRY