

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 10-1-78

5a. Indicate Type of Lease
State ☒ For ☐
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 - I" (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 E Tr. 18
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 17
4. Location of Well UNIT LETTER F 1650 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 17-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Lovington Abo
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐ OTHER ☐

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.

Moved in service unit 2-26-80. Pulled hydraulic pump. Ran packer and set at 8322'. Acidized with 2500 gallons of 15% NEFE HCL in 2 equal stages separated with 750 gallons of lease crude. Ran submersible pump. Returned well to production. Production after workover in 24 hrs. was 120 BO and 1164 BW.

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

SIGNED Marty E. [Signature] TITLE Asst. Admin. Analyst DATE 7-30-80

APPROVED BY _____ TITLE _____ DATE AUG 1 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD, H 1-Hou 1-Susp 1-MKE