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HOBBS OFFICE O. C. C.

NEW MEXICO OIL CONSERVATION COMMISSION

JUN 14 8 14 AM '68

Form C-103
*Supersedes Old C-102 and C-103*
Effective 1-1-65

5a. Indicate Type of Lease: State [X] 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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: PAN AMERICAN PETROLEUM CORPORATION

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

8. Farm or Lease Name: STATE E TRACT 18

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

9. Well No.: 20

4. Location of Well
UNIT LETTER H, 1650 FEET FROM THE NORTH LINE AND 330 FEET FROM THE EAST LINE, SECTION 2 TOWNSHIP 17-S RANGE 36-E NMPM.

10. Field and Pool, or Wildcat: LOVINGTON ABO

15. Elevation (*Show whether DF, RT, GR, etc.*): 3838' R. D. B.

12. County: LEA

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 [X] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER [ ] | | 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.

In an effort to increase productivity of well, remedial work performed as follows:
PROD PRIOR: Pmp 10 BO x 51 BW 24 hrs.
Squeezed perfs 8272-8288 w/ 150 sx cement.
Perforated 8384-8400 w/2JSPF. acid w/500 gal Reg. No oil, all water.
Squeezed w/ 100 sx cement.
Perforated 8338-8348' w/2JSPF. Acid w/500 gal Reg. Evaluated.
TEST. Pmp 108 BO x 51 BW 24 hrs. GOR 389.

TD-8525'
PBD-8300'

OC 5-13-68
COMP 6-13-68

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

SIGNED [signature] TITLE AREA SUPERINTENDENT DATE 6-13-68

APPROVED BY [signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

042. NMOCCH
1-NSW
1-SOSP
1-1224