

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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

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 <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 Record
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 2180 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 19-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Und. Abo
15. Elevation (Show whether DF, RT, GR, etc.) 3676.6 GL	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 Change Zones (Drilling) ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOBS ☐  
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.

Propose to abandon the Wolfcamp interval 10948'-10972' and recompleat to the Abo 10,415-10450. Kill well with brine water and pull tubing and packer. Run in hole with CIBP and set at 10,900' and cap with 35' of cement. Perforate Abo interval 10415-450 with 2 JSPF. Run in hole with tubing and packer. Land tailpipe at 10315' and set packer 10,225'. Swab test well. If well will not flow acidize with 3500 gallons of 15% NEFE-HCL. Flush to perms with 64 barrels of brine water. Swab test well.

0+4-NMOCD,H 1-Stafford 1-HOU 1-DMF

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

SIGNED Mark Freeman TITLE Asst. Admin. Analyst DATE 5-27-82

ORIGINAL SIGNED BY  
APPROVED BY JERRY SEXTON  
CONDITIONS OF APPROVAL DISTRICT 1 SUP

TITLE

MAY 28 1982