

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

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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.
571599

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 ☐
2. Name of Operator
AMOCO PRODUCTION COMPANY
3. Address of Operator
P. O. Box 68, Hobbs, NM 88240
4. Location of Well
UNIT LETTER **0** **660** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **9** TOWNSHIP **19-S** RANGE **35-E** N.M.P.M.

7. Unit Agreement Name
8. Farm or Lease Name
ELKAN
9. Well No.
2
10. Field and Pool, or Wildcat
Scharb Bone Springs

15. Elevation (Show whether DF, RT, GR, etc.)
3808.9' 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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER **Set CIBP to eliminate H₂O production** ☒

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

7. 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 set CIBP to eliminate water production.
POH w/ production equipment. RIH w/ CIBP on wireline and
SA 9624'. RIH w/ production equipment, Land gas anchor at
9600' w/ tbg. anchor above. Return well to production.

0+5 NMOCB, 1-JRB, 1-FJN, 1-NLG

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

CHECKED **Thi L. Fisher** TITLE **Administrative Analyst** DATE **16 April 1985**

APPROVED BY **ORIGINAL SIGNED BY JERRY SEXTON** TITLE **DISTRICT SUPERVISOR** DATE **APR 17 1985**
CONDITIONS OF APPROVAL, IF ANY: