

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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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.

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- 2. Name of Operator AMOCO PRODUCTION COMPANY 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19-S</u> RANGE <u>35-E</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3853.4' GR 12. County Lea	6. Unit Agreement Name 7. Farm or Lease Name Peoples Security Comp 8. Well No. 2 10. Field and Pool, or Wildcat Und. Scharb Bone Sprin
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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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐ completion operations

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.

Swab test. Ran Base Log 9550'-9950' and frac with 16,985 gals crosslinked gel 2% KCL FW with 9000 gals CO2 and 18,500# 20/40 sand and inject Radio Active material. Flow test. Ran after frac GR/Temp survey. Swab test. Release packer and pull tubing and packer. Ran tubing and installed pumping equipment. MOSU 7-27-84. Begin pump testing.

0+5-NMOCD,H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC

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

SIGNED Bonita Coyle

TITLE Administrative Analyst

DATE 8-6-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

AUG - 7 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG - 6 1984

C. C. J.
HOBBS OFFICE