

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form O-103
Revised 10-1-77

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

SUNDARY 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 WITH FORM O-101 FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Firm or Lease Name Peoples Securities Company
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER N 660 FEET FROM THE South 1980 LINE AND FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 35-E N.M.P.M.	10. Field and Pool, or Wildcat Und. Scharb Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3853.4' GR	12. County Lea

16. 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPERATIONS ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Pump tested apx 42 days, last 24 hrs pumped 1 BO, 1 BW and 0 MCF. Pulled rods and pump and installed BOP. Released tubing anchor and POH with tubing and tools. Ran cement retainer and tubing, set retainer at 9292'. Squeezed Bone Springs perms 9394'-9524' with 300 sx class H. Reversed out 25 sx and pulled tubing. Drilled out to 9950' and displaced hole with 9# brine water. Pulled tubing and tested casing 2000 PSI for 30 min, tested OK. Perfed Bone Springs intervals 9784'-9820' with 4 SPF. Ran tubing and packer. Set packer at 9343'. Acidized 9784'-9820' with 3000 gals 15% HCL with additives. Well is currently swab testing.

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

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

SIGNED Larry C. Clark TITLE Assist. Admin. Analyst DATE 7-25-84

APPROVED BY ORIGINAL SIGNATURE OF JERRY SEXTON TITLE ADMINISTRATIVE SUPERVISOR DATE JUL 27 1984
CONDITIONS OF APPROVAL, IF ANY: