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 C-103
Revised 10-1-73

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 ☒ GAS WELL ☐ OTHER-
7. Unit Agreement Name
2. Name of Operator: AMOCO PRODUCTION COMPANY
8. Farm or Lease Name: Elkan
3. Address of Operator: P. O. Box 68, Hobbs, NM 88240
9. Well No.: 4
4. Location of Well: UNIT LETTER N, 519 FEET FROM THE South LINE AND 2121 FEET FROM THE West LINE, SECTION 9, TOWNSHIP 19-S, RANGE 35-E, NMPM.
10. Field and Pool, or Wildcat: Scharb Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.): 3822.8 GR
12. County: Lea

6. 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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		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.

MISU 4-1-85, drilled out to 9913' and tested csg to 1500 psi for 30 min, OK. Displaced hole with 250 bbls FW 2% KCl and POH. Ran correlation log 9892-6000'. Perfed 9652-85 w/4SPF using a 3⅛" gun, POH. RIH and set pkr at 9553'. Pumped 3500 gals of 15% HCl w/add. Flushed with 59 BFW. Ran after acid survey, swabbed and recovered load, POH. RIH with production equipment. Seating nipple landed at 9688', anchor set at 9555'. MOSU 4-7-85 and began installing surface pump equipment. Began pump testing 4-13-85, last 24 hrs pumped 120 BO, 198W and 228 MCF. Well is currently producing.

D+S NMOCD, H 1-JRB 1-FJN 1-GCC

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

SIGNED Gary C. Clark TITLE Admin. Analyst DATE 4-15-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 17 1985

CONDITIONS OF APPROVAL, IF ANY: