

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

Form C-103
Revised 10-1-77

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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.

28-7965

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 <i>AMOCO PRODUCTION COMPANY</i>	8. Farm or Lease Name <i>State SA</i>
3. Address of Operator <i>P.O. BOX 68, HOBBS, NEW MEXICO 88240</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>G</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>36</i> TOWNSHIP <i>17-S</i> RANGE <i>35-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Wildcat Bone Springs</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3890.7' GL</i>	12. County <i>Lea</i>

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 OPNS. ☐
CASING TEST AND CEMENT JOB ☐
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.

Propose to attempt completion in San Andres formation, as follows: RIH w/ Cast iron bridge plug x set at 9050' x Cap w/35' Class H Cement. Pull tubing up to 6985 x spot a 25 sk Class H Cement plug across Bone Springs interval to 6740'. POH w/ tubing. RIH w/ perforating gun x perforate San Andres intervals 5084'-5075' x 4998'-4974' w/ 4 JSPE. Acidize w/15% NE FE HCL acid as necessary. Swab to recover load x evaluate productivity.

0+5: NMOC-D-HOBBS; 1-J.R.BARNETT HOU RM. 21.156; 1-F.J NASH HOU RM. 4.206; 1-BAO
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Beverly A. Ottwell* TITLE *SR. ADMINISTRATIVE ANALYST* DATE *2-27-85*

PROVED BY *ORIGINAL SIGNED BY JERRY SEXTON*
DISTRICT SUPERVISOR

TITLE _____ DATE *MAR 3 - 1986*

RECEIVED
FEB 28 1986
HCOB-Office