

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER- Water Injection
Name of Operator AMOCO PRODUCTION COMPANY
Address of Operator P. O. Box 68, Hobbs, NM 88240
Location of Well
UNIT LETTER O 660 FEET FROM THE South LINE AND 2310 FEET FROM
THE East LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3610' DF
12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ OTHER ☐ 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 1503.

Propose to squeeze cement zone I perforations and perforate and acidize Zone I. MI and RUSU and pull injection tubing and packer. Dump sand from PBTD of 4254-4160' and cap with Class C cement to 4155'. Run cement retainer and set at 4020'. Cement squeeze perforation from 4080-4146' with 250 sacks of Class C cement with additives. WOC. Drill out cement retainer and cement and test squeeze to 1000 PSI. Drill out cement and sand to 4230'. Run 3" casing gun and perforate from 4180-4193 with 4 JSPF. Run PPIP with 2 foot spacing and acidize from 4180-4193 and 4209-4225 with 2175 gallons 20% NE HCL with additives. Pull packer to 3900' and flush with 30 bbls water. Run injection equipment and return to production. RD and MOSU.

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

Signed O. M. Mitchell TITLE Sr. Admin. Analyst DATE 7-31-87
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE AUG 3 1987
CONDITIONS OF APPROVAL, IF ANY: