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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name BYERS "B"
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 26
4. Location of Well UNIT LETTER H 1980 FEET FROM THE NORTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat HOBBS GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3609' G.L.	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

In an effort to increase productivity remedial work performed as follows:

Isolated perp 4132-4203 by setting BP @ 3100'.
Perforated intervals 4066-72' & 4083-92' w/2JSPF
and acidized w/ 4000 gal 15% LSTNE.

Prear - Pump 39 BO x 10 BW x 459 MCFG 24 HRS
After - Pump 75 BO x 37 BLW x 333 MCFG 24 HRS

TD- 4205'
PBD- 4100'

8 7/8" CSA 3861'
5 1/2" CSA 4205'

OC - 3-22-73

COMP - 4-25-73

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE APR 25 1973

042- NMOC-14

APPROVED BY: DIV
CONDITIONS OF APPROVAL IF ANY:
1- SUSP

TITLE _____ DATE _____