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LAND OFFICE	
OPERATOR	

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

Form C-103  
Revised 10-1-7

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 TO DRILL (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 McKinley
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 8
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or wildcat Bowers
15. Elevation (Show whether DF, RT, GR, etc.) 3640' RDB	12. County Lea

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 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.

Propose to clean out fill to TD, reperforate existing zone, and flush with acid-ASOL mixture to increase production as follows: Pull rods and pump. Tag bottom with tubing and talley out of hole. Inspect tubing and production assembly, replacing as necessary. Clean out fill to TD (3251'). Run gamma ray and collar locator 3150'-3200'. Perforate Bowers interval 3173'-3179' with 4 JSPF. Run tubing and land at approx. 3225'. Pump 1500 gal 28% NE HCL-ASOL mixture. Flush with 50 bbls. fresh water. Run rods and pump. Place back on pump and evaluate.

0+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy R. Ferman

TITLE Assist. Admin. Analyst

DATE 3-19-82

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

MAR 23 1982

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MAR 32 1982

O.C.D.  
HOBBS OFFICE