

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 10-1-7

34. Indicate Type of Lease
State ☐ Fee ☒
35. 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 - 1" (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, NM 88240	9. Well No. 12
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Bowers
11. Elevation (Show whether DF, RT, GR, etc.) 3630' DR	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.

Moved in service unit 4-15-82. Pulled rods and pump. Tagged bottom at 3247'. Pulled tubing and anchor. Hydrotested tubing in hole and 2" tubing landed at 3195'. Tested all lines to 2000 psi and okay. Pumped 28 bbl. 15% NE HCL acid and 450 gal Aso1. Flushed with 50 bbl. fresh water. Pulled tubing. Ran mud anchor, seating nipple, and 2" tubing. Tubing landed at 3159'. Removed blowout preventer and installed tree. Pressure tested tubing to 500 psi and tested okay. Moved out service unit 4-18-82. Pump tested for 96 hrs. and pumped 32 BO and 94 BW. Returned well to production.

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 L. Terman TITLE Asst. Admin. Analyst DATE 4-27-82
ORIGINAL SIGNED BY
APPROVED BY JERRY GERTON TITLE _____ DATE APR 28 1982
CONDITIONS OF APPROVAL _____