

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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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.

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68, Hobbs, NM 88240

Location of Well

UNIT LETTER B 330 FEET FROM THE N LINE AND 2310 FEET FROM

THE E LINE, SECTION 15 TOWNSHIP 19-S RANGE 38-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

South Hobbs (GSA) Unit

9. Well No.

102

10. Field and Pool, or Wildcat

Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)

3587' GL

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 ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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 cement casing. Pull pump and tubing. Run a retrievable bridge plug and set at 3850'. Cap with 15' of sand. Run cement bond log and casing inspection log from 3835' to surface. Perforate casing at depth determined from log. Run a packer and tubing. Set packer approx. 50' above perfs. Pull packer and tubing. Run a cement retainer and set approx. 100' above perfs. Pump cement (cement to be determined after packer is set) through perforations. If cement circulates, close riser between 6-5/8" and 8-1/4" casing. Drill out cement. Circulate out sand and pull bridge plug. Return to production.

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

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

SIGNED Cathy L. Forrester

TITLE Assist. Admin. Analyst

DATE 9-25-81

Orig. Signed By

Jerry Sexton

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

Dist 1, Sup