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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

6a. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	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. 34
4. Location of Well UNIT LETTER <u>B</u> <u>713</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1840</u> FEET FROM THE <u>EAST</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat HOBBS DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) 3631 R.D.B.	12. County LEA

16. 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:

Fracture perforations 6861'-6928' w/ 17,750 gal H₂O + 47,000 # SAND
MAX 6500. MIN 5000 ISIP 2900 AIR 10BPM.

PERF: 6708-11, 15-17, 22, 29, 40, 43-45, 50, 61-64, 68, 74-76, 81, 88, 94,
6800-02, 05, 10, 19, 27-31, 34-36, w/2SPF

ACIDIZED w/ 6000 gal 15% HSTNE. MAX 3400. MIN 2600. AIR 3.7.

Prpr. Pmp 21 B0 + 17 BW 24 hrs.
after " 52 " 22 " " "

TD- 7318
PAD- 7277

OC - 5-17-72
Comp- 6-28-72

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 JUN 28 1972

Orig. Signed by
Joe D. Ramey
Dist. I, Supv.

APPROVED BY
1-DIV
CONDITIONS OF APPROVAL, IF ANY:
1-305 P
1-RR-1

DATE JUN 29 1972