

N. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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 DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
SEE 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 Byers A
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well No. 31
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 735 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Und. Hobbs Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3614.6 GL		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 ☐  
OTHER ☐

REMEDIAL WORK ☒  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
OTHER ☐

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 1-11-80. Ran correlation log 5000'-7000'. Perforated 6688'-6691', 6700'-6707', 6722'-6725', 6731'-6734', 6772'-6776', 6800'-6806', 6830'-6834', 6870'-6882', 6900'-6904', 6960'-6966' with 2 JSPF. Ran tubing, packer, and tailpipe. Packer set at 6310'. Tailpipe at 6624'. Acidized with 7400 gal 15% NE acid tagged with radioactive material and 246 ball sealers. Flushed with 52 bbl water. Currently swab testing.

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

SIGNED Bob Davis TITLE Assistant Admin. Analyst DATE 1-18-80

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist. 1, Supv. DATE JAN 23 1980

CONDITIONS OF APPROVAL, IF ANY:  
0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD