

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-70

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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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator <i>Amoco Production Company</i>	8. Firm or Lease Name <i>Best Gas Com.</i>
3. Address of Operator <i>P.O. Box 68, Hobbs, NM 88240</i>	9. Well No. <i>1</i>
4. Location of Well UNIT LETTER <i>G</i> <i>1980</i> FEET FROM THE <i>North</i> LINE AND <i>1780</i> FEET FROM THE <i>East</i> LINE, SECTION <i>23</i> TOWNSHIP <i>20-S</i> RANGE <i>35-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Unit - Wolfcamp</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3675.5' GR</i>	12. County <i>Lea</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOBS ☐
OTHER ☐	OTHER <i>abandon Morrow</i> ☒
PLUG AND ABANDON ☐	ALTERING CASING ☐
CHANGE PLANS ☐	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.

MISU 8-28-84. Ran Cased from Bridge Plug and set at 12170'. Capped with 35' cmt. Cmt squeezed 11423'-11483' with 214 sx. Drilled out cmt and reperfed 11423'-11442'. Acidized with 500 gals 15% HCL. Reconnected to flow line and began flow testing. Flow test approximately 7 days. Last 24 hrs. flowed 86 BO and 428 BW and 350 MCF. Successfully abandoned Morrow and returned Wolfcamp to production.

045-77MOCQ,H 1-JRB 1-FJN 1-BFC

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

SIGNED *Bonita Coble* TITLE *Administrative Analyst* DATE *9-26-84*

ORIGINAL SIGNED BY JERRY DIXON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *SEP 28 1984*

CONDITIONS OF APPROVAL, IF ANY:

M