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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>		
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. Form or Lease Name Turner
3. Address of Operator P.O. Box 4072, Odessa, Texas 79760		9. Well No. 3
4. Location of Well UNIT LETTER P 560 FEET FROM THE South LINE AND 760 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3477' DF		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 OPER. ☐
CASING TEST AND CEMENT JOB ☐
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.

Propose to squeeze existing perforations and perforate in the Paddock to reduce water production. MI and RUSU and pull production equipment. Run packer and tubing and set packer at 5120' and establish injection rate. Run cement retainer and set at 5120' and cement squeeze perforations from 5180' to 5350' with 250 sacks of Class C cement. WOC. Run bit and drill out to 5175' and test squeeze. Run casing guns and perforate from 5142' to 5160' with 4 JSPF. Run packer and spot acid from 5160' to 5100' and set packer at 5000' and acidize from 5142' to 5160' with 500 gallons of 15% NEFE HCl. Swab test and pull packer. Run production equipment and RD and MOSU. Return well to production.

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

Signed O. V. Mitchell TITLE Sr. Admin. Analyst DATE 05-18-88

ORIGINAL SIGNED BY JERRY SEXTON

Approved by DISTRICT 1 SUPERVISOR TITLE _____ DATE MAY 23 1988

CONDITIONS OF APPROVAL, IF ANY: