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

Form C-103
Revised 10-1-77

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 REDEPTH OR PLUG A WELL 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 Amoco Production Company	8. Farm or Lease Name Owen B
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Unit No. 2
4. Location of well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>440</u> FEET FROM THE <u>West</u> LINE, SECTION <u>34</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or analog Drinkard-Tubb
11. Elevation (Show whether DF, RT, CR, etc.) 3459' KB	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 ☐ OTHER <u>downhole commingle</u> ☐	PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐
ALTERING CASING ☐	PLUG AND ABANDONMENT ☐

17. Describe Procedure 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 downhole commingle the Tubb and Drinkard formations as follows:
Move in service unit, kill well and release packer. Tag plug back total depth. Pull tubing and packer. If necessary clean out to 6593' with sand pump. Run in hole with 3-1/8" casing gun and perf 6025'-6050' with 2 SPF and 120° phasing. Run in hole with packer and 20 joints of tailpipe. Set packer at 5950'. Tubing landed at 6550' and 2-3/8" tubing to surface. Acidize with 3000 gals of 15% NEFE HCL with 1 gal corrosion inhibitor/1000 gals of acid. Pull tubing and packer. Run in hole with 2-3/8" tubing to 6550' with seating nipple on bottom. Attempt to produce well. Swab as necessary. Reference Administrative Order No. DHC-410.

0+4-NMOCD,H 1-HOU R. E. Ogden RM 21.150 1-F. J. Nash, HOU RM 4.206 1-SUSP 1-PJS

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Peter J. Sena</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>7-26-83</u>
APPROVED BY <u>ORIGINAL SIGNED BY JERRY SEXTON</u>		
DISTRICT SUPERVISOR		
CONDITIONS OF APPROVAL, IF ANY:		
JUL 29 1983		

RECEIVED

JUL 28 1983

O.C.D.
HOBBS OFFICE