

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☐ Fed ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPER OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - 1704" (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 State "I"
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>22</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Acreage Eunice Monument GSA
11. Elevation (Show whether DF, RT, CR, etc.) 3607.5' 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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Program 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 clean out open hole if necessary and acidize as follows:

Pull rods and pump. Inspect pump for corrosion and replace as necessary. Tag TD with tubing. If fill is found, pull tubing and inspect for corrosion and scale. Clean out open hole to 3908'. Set a packer at apx. 3750'. Acidize open hole interval 3798'-3908' with 500 gal. 15% HCL acid containing 25 gal. Checker-Sol and 1 gal. corrosion inhibitor. Flush with 15 bbl. fresh water. Swab and pull packer. Run rods, pump, and tubing, landing tailpipe at apx. 3850'. Pump test to evaluate productivity. Return well to production.

0+4-NMOCD,H

1-HOU

1-SUSP

1-CLF

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

SIGNED Cathy L. Forman

TITLE Asst. Admin. Analyst

DATE 1-10-83

APPROVED BY JERRY SEXTON
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 12 1983

RECEIVED
JAN 11 1983
Q.C.D.
HOBBS OFFICE