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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1573

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 <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 STATE 1
3. Address of Operator BOX 367, ANDREWS, TEXAS 79714	9. Well No. 2
4. Location of Well UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE WEST LINE, SECTION 22 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat EUNICE MONUMENT-GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3609' DF	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

In an effort to increase productivity
acidized open hole section 3807'-3908' with
500 gal 15% NE. Evaluated & restored to
production.

Test - Prior - Pmp 3 BD+ 17 BW 24 hrs.

after - " 6 BD+ 9 BW 24 hrs.

TD- 3908'

7" CSA 3807'

OC - 4-4-75

Comp - 4-23-75

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

SIGNED *Ray R. Yoakum*

TITLE ADMINISTRATIVE ASSISTANT

DATE APR 26 1975

042- NMOC- H

APPROVED BY
1-5050
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APR 26

1-1224
