

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 37501

Form C-103
Revised 10-1-73

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. Unit Agreement Name

Name of Operator

AMOCO PRODUCTION COMPANY

8. Farm or Lease Name

Southland Royalty "A"

Address of Operator

P. O. Box 68, Hobbs, NM 88240

9. Well No.

2

Location of Well

UNIT LETTER B 660 FEET FROM THE North 1980 FEET FROM
THE East 9 LINE, SECTION 21-S TOWNSHIP 37-E RANGE 37-E NMPM.

10. Field and Pool, or Wildcat

Blnb - Drkd - Tubb (DHC)

15. Elevation (Show whether DF, RT, GR, etc.)
3472' 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 ☐
ULL OR ALTER CASING ☐

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 ☐

7. 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.

MI and RUSU 5-15-87 and pull rods; pump and tubing. Run 3-1/2" Mother Hubbard and 2-3/8" tubing to 6637. Install pumping equipment. RD and MOSU. Acidize down annulus with 2000 gals 15% HCL with additives and flush with 85 bbl 10# brine.

PAWO: 18 BOPD x 43 BWPD x 117 MCFD.

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

O. M. Mitchell
O. M. Mitchell

TITLE Sr. Admin. Analyst

DATE 6-2-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

PROVED BY _____

TITLE _____

DATE JUN 3 1987

CONDITIONS OF APPROVAL, IF ANY: