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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. B- 1557

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 C TRACT 12
3. Address of Operator BOX 68, HOBBS, N. M. 88240	9. Well No. 7
4. Location of Well UNIT LETTER D 660 FEET FROM THE NORTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 16 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat BLINEBRY- DRINKARD
15. Elevation (Show whether DF, RT, GR, etc.) 3499' DF	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 oil & gas productivity performed intervals (Blby) 5632-34, 52-54, 58-61, 69-71, 87-93, 5704-08, 22-24, 27-30, 41, 48-51, 63-65, 69-71, 78-80, 95-99 w/2JS PF. Acidized w/5000 gal 15% HF. Drunkard zone 6602-90 acidized w/1000 gal 15% HF. Evaluated and restored to production. Prior - Pmp 10 BD x 8 BW x 41 MCFG 24 Hrs. After - " 8 " 24 " 70 " " " GOR 8750.

TD- 6690'

OC- 5-15-73
COMP 6-1-73

5 1/2" CSA 6629'

OH 6629'- 6690'

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

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **6-1-73**

012-NMOCC-H
1-DIV

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
1-SUSP