NO. OF COPIES RECEIVED  DISTRIBUTION			Form C-103 Supersedes Old C-102 and C-102	
SANTAFE	NEW MEXICO OIL CONSE	RVATION COMMISSION	C-102 and C-103 Effective 1-1-65	
FILE				
U.S.G.S.			Sa. Indicate Type of L	**************************************
LAND OFFICE			State	Fee 🔀
OPERATOR	ال		5. State Oil & Gas Le	tse No.
SUND (DO NOT USE THIS FORM FOR PI USE "APPLICA	RY NOTICES AND REPORTS ON WARDONS ALS TO DELLE OR TO DEEPEN OR PLUG BACKTION FOR PERMIT - " (FORM C-101) FOR SUCH	/ELLS IN TO A DIFFERENT RESERVOIR. PROPOSALS.)		
1. OIL GAS WELL GAS	OTHER-		8, Farm or Leave No.	
2. Name of Operator Amoco Production Con	SOUTHLAIND KOY	<b>/</b> }		
3. Address of Operator BOX 68, HOBSS, N. M. 8824	0		9. Well No.	
4. Location of Well	660 FEET FROM THE SOUTH	LINE AND 1980 FEE	10. Field and Pool, or BUNEFRY-TUCK	_
THE EPST_LINE, SECT			_ NMPM.	
	15. Elevation (Show whether D. 3484	F, RT, GR, etc.)	12. County LEA	
	Appropriate Box To Indicate Na	•	or Other Data	
		REMEDIAL WORK	51	
TEMPORARILY ABANDON	\	COMMENCE DRILLING OPNS.	ALTERING C	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		Andonmen'
		OTHER	<u> </u>	
OTHER				
work) see out 5 1103	Operations (Clearly state all pertinent detail		=	
In an effor	t to increase p	moductivite	, perjora	ted
additional p	d to increase pay intervals 5	16 <i>88-</i> 90, 570	2-08, 5714-16,	•
30:38, 72-74,	76-78, \$ 80-84 W/2.	JSPF. ACIDIZE	TO W/5000 90	le
15% NE in 3				
Evaluated a	nd restored to	production	•.	
TD- 6703	0	C - 2-24-	73	
PBD - 6658'	Cl	omP - 3-5-	73	
P13D - 0030				
18. I hereby certify that the information	on above is true and complete to the best of	my knowledge and belief.		
SIGNED	(   c 1/2) TITLE	rea Gngr.	DATE MAR 9	1973
DI 2 NMOCC- HT	A) The second state	V	DATE	7 1
CONDITIONS OF APPROVAL, IF AN	Y:			