

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

1. Indicate Type of Lease
State ☐ Fee ☒
2. State Oil & Gas Lease No.

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO KILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE THE APPLICATION FOR PLUG BACK (FORM C-101) FOR SUCH PROPOSALS.)

3. OIL ☒ GAS ☐ OTHER ☐
4. Name of Operator
Amoco Production Company
5. Address of Operator
P. O. Box 68, Hobbs, NM 88240
6. Location of well
UNIT LETTER A 860 FEET FROM THE North LINE AND 810 FEET FROM
THE East LINE, SECTION 11 TOWNSHIP 21-S RANGE 36-E N.M.P.M.
13. Elevation (Show whether DF, RT, GR, etc.)
3533.2 GL
12. County
Lea

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☒ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPER. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ OTHER ☐ CASING TEST AND CEMENT JOBS ☐
OTHER ☐ OTHER ☐

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.

Moved in Service Unit 9-4-79. Tested casing with 1500# for 30 min. Test OK. Drilled cement and float collar 6854'-6870'. Ran correlation log 6848'-6854'. Perf 6830'-6835', 6837'-6841', 6843'-6847', 6848'-6854' with 2 JSPF. Ran tubing, packer, and tailpipe. Packer set at 6697'. Tailpipe at 6728'. Acidized with 2200 gal 15% NE acid and 57 ball sealers. Flushed with clean water. Swab 2 days. Ran retrievable bridge plug set at 6825' and capped with 10' sand.

Perforated 6598'-6604', 6730'-6736', 6778'-6783', 6796'-6802' with 2 JSPF. Ran tubing, packer, and tailpipe. Packer set at 6450'. Tailpipe at 6515'. Acidized with 3500 gal 15% NE acid. Pull tubing, packer and bridge plug. Ran pump and rods. Currently pump testing.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 10-3-79

APPROVED BY Jerry Sexton TITLE Dist. L. Eng. DATE 10-5-79
Orig. Signed Ray Cox

CONDITIONS OF APPROVAL, IF ANY:

0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD