STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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L CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Farm or Lease Name
McQuatters

3. Address of Operator
P. O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.
3

4. Location of Well
UNIT LETTER B, 700 FEET FROM THE North LINE AND 2230 FEET FROM THE East LINE, SECTION 11 TOWNSHIP 21-S RANGE 36-E NMPM.

10. Field and Pool, or Wildcat
Hardy Blinebry
Hardy-Drinkard

15. Elevation (Show whether DF, RT, GR, etc.)
3538' GR

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 ☐	PLUG AND ABANDON ☐		REMEDIAL WORK ☐	ALTERING CASING ☐	
TEMPORARILY ABANDON ☐			COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐	
PULL OR ALTER CASING ☐	CHANGE PLANS ☐		CASING TEST AND CEMENT JOB ☐		
OTHER ☐			OTHER Downhole Commingled Blinebry & Drinkard ☒		

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.

MISU 5-6-86 and POH w/rods, pump and tubing. Spotted 240 gals Super A-Sol and 60 gals 15% NEFE HCL. Pulled up and set packer at 5889'. Acidized w/600 gals 15% NEFE HCL. RIH w/bit and bailer. Clean out hole to 6429'. Spotted 250 gals 15% HCl and released RBP and POH. Spotted 280 gals Super A-Sol w/70 gals 15% NEFE HCl across perfs. Set packer at 5609' and acidized w/600 gals NEFE HCl 15%. Re-ran tubing, pump and rods. MOSU 5-15-86 & Pump tested. Scale squeezed well 6-25-86. Operations Completed 6/25/86.

PPWO: 16 BOPD X 15 BWPD X 200 MCFD.

PAWO: 18 BOPD X 53 BWPD X 227 MCFD.

0+5 NMOCD-A 1-JRB 1-FJN 1-CMH

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

SIGNED Charles N. Herring TITLE ADMINISTRATIVE ANALYST (SG) DATE 6/26/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 1 1986

CONDITIONS OF APPROVAL, IF ANY: