

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2080
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. F-218

SUNDARY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERFORATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO REPERFORATE OR PLUG BACK 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 State C Tract 11
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Unit No. 11
4. Location of well UNIT LETTER X 510 FEET FROM THE South LINE AND 560 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 21-S RANGE 36-E N.M.P.M.	10. If water pool, or annual Wildcat Drinkard
11. Elevation (Show whether DF, RT, GR, etc.) 3523.9' GL	12. County Lea

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER downhole commingle ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐	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.

Propose to downhole commingle Blinbry and Drinkard as follows:

Move in service unit, pull pump and rods. Sting out of string tubing anchor at 6205' and pull short 2-3/8" tubing string. Pull 2-3/8" tubing, anchor assembly and locator seal assembly. Clean tubing on surface. Mill out packer set at 6650'. Tag plug back total depth and clean out. Run in hole with tubing, tubing anchor and 5 joints tailpipe sand on bottom. Land tubing at 6830' and tubing anchor at 6700'. Acidize with 200 gals 15% NEFE HCL, 800 gals Super A-Sol, 1 gal and corrosion inhibitor. Pump 3-5 BPM, flush with 26 bbls, BW. Swab 1 day to recover load. Install pump and rods. Pump test to evaluated. Reference Administrative Order No. DHC-409.

O+4-NMOC, H 1-HOU R. E. Ogden RM 21.150 1-F. J. Nash, HOU RM 4.206 1-SUSP 1-PJS.
1-Petro Lewis

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

SIGNED <u>Peter J. Sexton</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>8-1-83</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>AUG 3 1983</u>
CONDITIONS OF APPROVAL, IF ANY:		