

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

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

B-9612

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 <u>State T</u>
3. Address of Operator P.O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. <u>14</u>
4. Location of Well UNIT LETTER <u>K</u> <u>2080</u> FEET FROM THE <u>South</u> LINE AND <u>1880</u> FEET FROM THE <u>West</u> LINE. SECTION <u>32</u> TOWNSHIP <u>22-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Haddock South</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3403' RDB</u>	12. County <u>Lea</u>

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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 11-6-85 and POH w/ rods and pump. POH with tubing. Ran bit and cleaned out to PBTD at 5218'. Perforated 5180'-5195' w/ 4 JSPP. RIH with API packer and pumped 770 gals Super ASOL. Acidized 5195'-5180' with 100 gals per 3 foot spacing. Acidized interval 5180'-5155' with 20 gals per 3' spacing. Flushed with 25 BW. Set packer at 5107' and acidized with 1000 gals 15% NEFE HCL. Flushed with 24 BW. Ran rods, pump, and tubing. Tubing landed at 5200'. MISU 11-12-85 and pump tested. Operations completed 11-25-85.
PAWD: 17 BOPD, 55 BWPD, 65 MCFD.

0+5 NMOGD-H 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 <u>Charles M. Harring</u>	TITLE <u>Administrative Analyst (SG)</u>	DATE <u>12/2/85</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	TITLE _____	DATE <u>DEC 4 - 1985</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DFC 8-1985

O.C.D.
HOBBY OFFICE