

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-73

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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.
K-5283

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator AMOCO PRODUCTION COMPANY 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM West THE LINE, SECTION 26 TOWNSHIP 23-S RANGE 34-E NMPM.	7. Unit Agreement Name 8. Farm or Lease Name State E0 9. Well No. 1 10. Field and Pool, or Wildcat Antelope Ridge Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3414.1 GL	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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER perf additional Morrow intervals <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 open additional Morrow intervals as follows:

Release packer and POOH with tubing. Perf Morrow interval 13358'-13366', 13440'-13458', 13462'-13465' and 13474'-13478' with 4 SPF. Swab if necessary. If well flows, test for 3 days and perform 72 hr BHP test. Return well to production.

0+5-NMOCD,H 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC

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

SIGNED Bonita Cole TITLE Administrative Analyst DATE 8-28-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

SEP 4 1984