STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

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

5a. Indicate Type of Lease
State [X]   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 [ ]   GAS WELL [X]   OTHER·

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
State "EO"

3. Address of Operator
P. O. Box 68, Hobbs, New Mexico   88240

9. Well No.
1

4. Location of Well

UNIT LETTER _____ C _____, 660 FEET FROM THE _____ North _____ LINE AND 1980 _____ FEET FROM

THE _____ West _____ LINE, SECTION _____ 26 _____ TOWNSHIP 23-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat
Antelope Ridge ~~Atoka~~

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:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]
CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER _____

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]

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 8-19-82. Rigged up tree saver and loaded casing with 17 BW.
Acidized Atoka interval 12995'-13003' with 2000 gal 7-1/2% MS acid with additives and
1000 SCF N2/bbl. Rigged down tree saver and swabbed. Flow tested 11 hr. and recovered
approx. 5 BLW. Moved out service unit 8-23-82. Flushed with 2% KCL water with additives
and 1000 SCF N2/bbl. Flow tested for 120 hrs and flowed 61 BC, 24 BW, and 7176 MCF.
Returned well to production.

0+4-NMOCD,H   1-HOU   1-SUSP   1-CLF

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

SIGNED _Cathy L. Forman_   TITLE Assist. Admin. Analyst   DATE 9-2-82

ORIGINAL SIGNED BY
JERRY SEXTON
APPROVED BY _____   TITLE _____   DATE SEP 7 1982
CONDITIONS OF APPROVAL DISTRICT I SUPR.