

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

Form C-103  
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILZ	
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 THE West 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 Atoka 12. County Lea
15. Elevation (Show whether DF, RT, GR, etc.)	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASINGS <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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 increase productivity by the following acid stimulation program:

Move in service unit and prepare to pump into existing production equipment. Acidize Atoka interval 12995'-13003 with 2000 gals of 7-1/2% MS acid containing 4 gals. of corrosion inhibitor, 4 gals of surfactant, and 4 gals. of clay stabilizer, with 1000 SCF Nitrogen per bbls at 2-3 bbls per min. Flush to perfs with 2% KCL water with additives and 1000 SCF Nitrogen per bbls. Swab if necessary. Evaluate and return to production.

0+4-NMOCD-H 1-HOU 1-STAFFORD,HOU 1-MDR

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

SIGNED Mark Randolph TITLE Administrative Analyst DATE 7-27-82

APPROVED BY Orig. Signed by Les Clements TITLE  DATE Aug 28 1982  
CONDITIONS OF APPROVAL Oil & Gas Dept