STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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POITHIBUTION	
SANTA PE]
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	 i

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103

SANTA FE	SANTA FE. NEW MEXICO 87501	Revised 10-1-78
V.S.O.S.		Sa. Indicate Type of Lesse
LAND OFFICE	 	State Fee X
OPERATOR	 	S. State Oil & Gas Lease No.
<u> </u>		•
SU	NDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FO	A PROPOSALS TO CRILL OR TO OCEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR.	
1.		7, Unit Agreement Name
OIL X WELL .	OTHER-	
2. Name of Operator	ON COMPANY	8. Form or Lease Name
AMOCO PRODUCTI	UN COMPANY	Grizzell B
3. Address of Operator	D-11 - NM 00040	9. Well No.
	Hobbs, NM 88240	3
4. Location of Well	510	10. Field and Pool, or Wildcat
UNIT LETTER H	1830 FEET FROM THE North LINE AND 510	Brunson-Fusselman
	8 22-S 37-E	
THE East LINE,	SECTION 8 TOWNSHIP 22-S RANGE NO	MPM. (
mmmm	The property of the state of of the	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3415' GL	Lea
	ck Appropriate Box To Indicate Nature of Notice, Report or	Other Data
NOTICE O	F INTENTION TO: SUBSEQUE	ENT REPORT OF:
		_
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORABILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
·	OTHER	
OTHER		
17. Describe Proposed or Complet	od Operations (Clearly state all pertinent details, and give pertinent dates, inclusion	ding estimated date of starting any proposed
work) SEE RULE 1103.		, , , ,
Propose to remov	ve packer from subject well & install artificial l	ift as follows:
Pig un service I	unit and kill well with 2% KCL water if necessary.	. Release packer
and null tubing	and packer. Inspect tubing and remove paraffin.	Run in with seating
ninnle, tuhing.	and tubing anchor for 7" casing & 2-3/8" tubing t	to surface. Land
seating nipple a	at 7250' and set tubing anchor at 7100'. Run rods	s & pump. Set up
heam unit and re	eturn well to production.	
	•	·
0+5-NMOCD,H 1	-HOU F.J.Nash 4.706 1-HOU R.E.Ogden 21.150 1-	PJS
	the best of my knowledge	
10.1 nereby certify that the inform	ation above is true and complete to the best of my knowledge and belief.	
-1-11	10111	
SICHED F. W.	Ochra Asst. Admin. Analyst	DATE 1-5-84
77	•	
ORIGINAL SIG	NED BY JERRY SEXTON	JAN 6 1984
DISTRIC	TI SUPERVISOR	DATE JAN 6 1984
CONDITIONS OF APPROVAL, IF	ANYI	