

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-76

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

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Grizzell B
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 3
4. Location of Well UNIT LETTER H 1830 FEET FROM THE North LINE AND 510 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Brunson Fusselman
15. Elevation (Show whether DF, RT, GR, etc.) 3425.4' 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 checked="" 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"/>
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 open additional pay as follows:

Swab well. Hot oil tubing to remove paraffin if necessary. Perforate interval 7148'-7164' w/JSPF. Flow test well to evaluate production. If well won't flow top allowable (187 BOPD), a supplemental brief will follow.

O+5-NMOCD,H 1-R. E. Ogden HOU 1-F. J.Nash, HOU 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. Ferman TITLE Assist. Admin. Analyst DATE 9-20-83

APPROVED BY ORIGINAL SIGNED BY EDDIE SEAY TITLE OIL & GAS INSPECTOR DATE SEP 22 1983
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 21 1983

O.C.D.
HOBBS OFFICE