

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

|                        |  |
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| LAND OFFICE            |  |
| OPERATOR               |  |

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
L-5166

**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.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator  
Amoco Production Company

Address of Operator  
P. O. Box 68 Hobbs, NM 88240

Location of Well  
UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM  
THE East LINE, SECTION 32 TOWNSHIP 23-S RANGE 32-E NMPM.

7. Unit Agreement Name  
8. Farm or Lease Name  
State IG Com.

9. Well No.  
1

10. Field and Pool, or Wildcat  
Wildcat Morrow

11. Elevation (Show whether DF, RT, CR, etc.)  
3664.0' GL

12. County  
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
REPAIR OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☒  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 5-21-81. Ran packer and set at 11697'. Fractured down tubing with 18000 gallons of YF 400 30# 1000 crosslinked gel and 25500 lbs. 30/40 mesh bauxite with 30% CO<sub>2</sub>. Swab tested for 5 days. Shut-in for further evaluation.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM 1-Gulf  
1-Getty 1-Sunmark

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

SIGNED Gary Mitchell TITLE Admin. Analyst DATE 6-5-81  
APPROVED BY [Signature] TITLE [Signature] DATE JUN 10  
CONDITIONS OF APPROVAL, IF ANY: