

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-4785

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-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State IT
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 26-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Und. Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 3278.08' 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 ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
Status Report ☒

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.

Acidized with 4000 gallons 7-1/2% MS acid. Flow tested for 16 hr. and recovered 75 BLW and 30 bbl. Dist. Moved out service unit 9-24-81. Flow tested well for 85 hrs. and flowed 28 BC X 10028 MCF. Currently shut-in for BHP build up.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM
1-Superior, Mid. 1-Superior, Woodlands

18. 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 10-12-81
APPROVED BY Jerry Sexton TITLE Dist. 1, Supv. DATE 10-12-81
CONDITIONS OF APPROVAL, IF ANY:

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P. O. BOX 2083
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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11. Elevation (Show whether DF, RT, GR, etc.) 3278.08' GL	12. County Lea

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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Ran tubing and tagged fill at 14454. Cleaned out to 14520' and circulated mud. Pulled tubing to 11000'. Circulated mud and pulled tubing and ran tubing to 2600'. Cleaned out 14460'-85'. Pulled tubing and tailpipe at 14165'. Packer set at 11613'. Perforated Atoka 14430'-450' with 2 JSPF. Preparing to acidize.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM
1-Superior, Mid. 1-Superior, Woodlands

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SIGNED Jerry Mitchell TITLE Admin. Analyst DATE 9-23-81

Orig. Signed by
Jerry Sexton
Dist 1, Supv

APPROVED BY Jerry Sexton TITLE Dist 1, Supv DATE SEP 20 1981

CONDITIONS OF APPROVAL, IF ANY:

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Form C-103
Revised 10-1-77

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State ☐ Fee ☐

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OTHER ☐

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CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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Tagged fish at 9200'. Work fish down to 10730'. Tag fish at 10755'. Pumped 150 BBL brine water and run wireline grapple and tag fish at 7411'. No recovery. Ran wireline grapple and tag fish at 7081'. No recovery. Tagged fish at 7100 and pushed fish down to 7120' and unable to fish. Pulled tubing. Tagged fish at 3621'. Pulled tubing and retrieved fish. Prepare to run tubing and clean out.

0 + 4 NMCD,H 1-Hou 1-Susp 1-W. Stafford, Hou 1-GPM
1-Superior, M.D. 1-Superior, Woodlands

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

SIGNED Greg Mitchell

TITLE Admin. Analyst

DATE 9-10-81

Orig. Signed by
Jenny Sexton

APPROVED BY Don L. Smith

TITLE _____

DATE SEP 17 1981

CONDITIONS OF APPROVAL, IF ANY: