

SANTA FE  
COUNTY  
NEW MEXICO  
OPERATOR

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
**B-2616**

## 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 <b>Amoco Production Company</b>	8. Farm or Lease Name <b>STATE D</b>
3. Address of Operator <b>BOX 68, HOBBS, N. M. 88240</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>P</b> <b>660</b> FEET FROM THE <b>SOUTH</b> LINE AND <b>510</b> FEET FROM THE <b>EAST</b> LINE, SECTION <b>16</b> TOWNSHIP <b>24-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>FOWLER UPPER YESO</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3248' D. F.</b>	12. County <b>LEA</b>

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

PERFORM REMEDIAL WORK <input 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 JOB <input checked="" 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.

OC- 5-14-73 Drilled out plugs and cleaned out to 5894'. 5 1/2" OD 15.5 # J-55 Casing was set @ 5894' w/ 5705x. Incon 49% Gel + 3/4" 15x flocels + 3/4% CFR 2 + 400 5x. Incon neat. Tested casing w/ 1000 psi 30 min. 1st O.K. After W.O.C. appx 48 hours, perforated 5315-19, 29, 34-38, 53-56, 68-73, 79-81, 91-95, 5417-19, 31-37, 37, 92, 99-02, 5525-30, 57-61, 89-99, 5640-43 w/ 2SPF. Traced w/ 52000 gal gelled brine + 78000 # Sand. (2-stage). Acid prior w/ 2000 gal 45%. Evaluated.

PT- Pumped 157 BOX 49 BWK (load) x 39 MCFG 24 Hrs. GOB 248.

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

0+2 NMOC-C-11  
SIGNED Joe D. Barney TITLE AREA SUPERINTENDENT DATE 6-5-73  
Orig. Signed by Joe D. Barney  
APPROVED BY 1-DW TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
1-Susp  
1-Rky  
CONDITIONS OF APPROVAL, IF ANY: