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NEW MEXICO OIL CONSERVATION COMMISSION
FEB 27 1979

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

O. C. C.
 ARTESIA, OFFICE

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Form or Lease Name Ingalls Gas Com
9. Well No. 1
10. Field and Pool, or Wildcat WC Atoka Limestone
11. Elevation (Show whether DF, RT, GR, etc.) 3002.4 GR
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - FORM C-1011 FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	OTHER
Name of Operator Amoco Production Company ✓		
Address of Operator P.O. Drawer "A", Levelland, Texas 79336		
Unit Letter G	1650	North
FEET FROM THE		LINE AND
1980		FEET FROM
East	22	23-S
LINE, SECTION	TOWNSHIP	RANGE
28-E		NEED.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

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 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 checked="" type="checkbox"/>
Perf; acidize	

17. Description of Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. SEE RULE 1103.)

Perforated 5" liner at 11,395'-11,400' with 4 JSPF. Flow tested well. Moved out service unit 1/18/79. Swab tested well. Acidized interval 11,345'-11,698' with 1000 gallons M-91 formation cleaner and 1000 gallons 15% NE acid with 2% KCL in 5 stages. Flushed with 2% KCL water. Swab testing well.

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

SIGNED <i>Ray Cox</i>	TITLE Administrative Supervisor	DATE February 22, 1979
APPROVED BY <i>W. A. Gussott</i>	TITLE SUPERVISOR, DISTRICT II	DATE FEB 28 1979

CONDITIONS OF APPROVAL, IF ANY:
 0+4-NMOCD,A 1-Susp 1-Houston 1-RWA