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 [X]
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 [X] GAS WELL [ ] OTHER-
7. Unit Agreement Name

2. Name of Operator: Amoco Production Company
8. Farm or Lease Name: Capps

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240
9. Well No.: 32

4. Location of Well: UNIT LETTER L, 2026 FEET FROM THE South LINE AND 516 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.
10. Field and Pool, or Wildcat: Hobbs Drinkard

15. Elevation (Show whether DF, RT, GR, etc.): 3609.9' 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 [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

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 re-stimulate existing Drinkard pay (6665'-6932' gross) as follows: Pull rods, pump and tubing. Run tubing and packer and set packer at approx. 6700'. Run base gamma ray and temp. logs 7000'-6500'. Pump 16,000 gal 28% NEFE-HCL at 8-12 BPM and tag with radioactive material as follows: (A) Pump 2000 gal 40# gelled 2% KCL brine water; (B) Pump 4000 gal 28% NEFE-HCL; (C) Repeat step A; (D) Drop 500# graded rock salt; (E) Repeat steps A thru D two more times; and (F) Repeat steps A thru C. Displace tubing to perfs with 36 bbl 2% KCL water. Run after treatment survey. Return well to production.

O+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathey L. Forman TITLE Assist. Admin. Analyst DATE 3-23-82

APPROVED BY TITLE DATE MAR 25 1982

CONDITIONS OF APPROVAL, IF ANY: