

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

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U. I. O. B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

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 APPROPRIATE FORM FOR PRODUCE UNIT OR WELL CASES FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER
2. Name of Operator: Amoco Production Company
3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240
4. Location of well: UNIT LETTER K 2475 FEET FROM THE South LINE AND 2475 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 19-S RANGE 38-E N.M.P.M.
15. Elevation (Show whether LF, RT, GR, etc.): 3600.2' GL
11. County: Lea

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 OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Perforate & acidize additional pay</u> <input checked="" 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 1105.

MISU 4-27-84, pulled rods, pump, and tbq. Perfed 4128'-4154' with 4 SPF. RIH with RBP, pkr. w/unloader, and tbq. Set RBP at 4166 and set pkr. at 4030'. Acidized the interval 4128'-54' with 2500 gals acid, flushed to perfs with 30 BW. POH with tbq. pkr., and RBP. RIH with ESP and tbq. ESP landed at 4086'. Moved off service unit and returned well to production.

0+5-NMOCD,H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC 1-Petro Lewis

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

SIGNED Gary C. Clark TITLE Assist. Admin. Analyst DATE 6/6/84

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE JUN 8 1984

CONDITIONS OF APPROVAL, IF ANY: