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U.S. CONSERVATION DIVISION  
**RECEIVED BY** P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501  
**APR 1 1986**  
 O. C. D.  
 ARTESIA, OFFICE

5a. Indicate Type of Lease  
 State  Fee   
 5. State Oil & Gas Lease No.  
B-2023-13

**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 _____ 2. Name of Operator <u>AMOCO PRODUCTION COMPANY</u> 3. Address of Operator <u>P.O. BOX 68, HOBBS, NEW MEXICO 88240</u> 4. Location of well UNIT LETTER <u>A</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>2230</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17-S</u> RANGE <u>29-E</u> N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) <u>3598' KB</u>	7. Unit Agreement Name 8. Farm or Lease Name <u>Empire South Deep Unit</u> 9. Well No. <u>4</u> 10. Field and Pool, or Wildcat <u>Empire South Wolfcamp</u> 12. County <u>Eddy</u>
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>
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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 set cast iron bridge plug to plug off lower interval of Wolfcamp x test the upper Wolfcamp zones as follows in accordance with verbal approval of M. Williams x NMOC D on 3-31-86: POH x tubing x packer. RIH x 5 1/2" Cast iron bridge plug x set at ± 7804'. RIH x tubing x packer. Set packer at 7650' x acidize upper Wolfcamp interval x 1000 gals 15% NEFE HCL acid. Swab test to evaluate. Reinstall production equipment and return well to production.*

*045 NMOC D-A 1-JRB 1-FJN 1-BAO 1-WF*

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

SIGNED Beverly A. Ottwell TITLE SR. ADMINISTRATIVE ANALYST DATE 3-31-86

APPROVED BY Les A. Clements TITLE \_\_\_\_\_ DATE MAR 31 1986

CONDITIONS OF APPROVAL, IF ANY: Supervisor District II