STATE OF MEAN INCVIDE ENERGY AND MINERALS DEPARTMENT

	T	
DISTRIBUTION	 	
SANTA FE	1	
FILE	1	
U.1.0.1.		
LAND OFFICE	1	

OIL CONSERVATION DIVISION

* P. O. BOX 2088
SANTA FE, NEW MEXICO 37501

Form C-103 . Revised 10-1-7

PILZ	
U.3.G.3.	Sa. Indicate Type of Lease
OPERATOR OPERATOR	State X Fee
SPERATOR .	5. State Oil & Gas Lease No.
CINOPANA	LG-4667
SUNDRY NOTICES AND REPORTS ON WELLS (00 NOT USE THIS FORM FOR PROPOSALS TO DRIVE ON TO DECERN OF PLUE SACE TO A DIFFERENT RESERVOIR.	
•	avonbomercarbom Dioxide Gas Unit
AMOCO PRODUCTION COMPANY 3. Address of Cacrator	avo Dome Carbon Dioxide Gas Unit
P. O. Box 832, Brownfield, TX 79316	9. well No011C
C 660 North 1980 Br	aVorbenmedCarbonmBroxide Gas Unit 640-Acre Area
West 1 18N 35E	
15. Elovation (Show whether DF, RT, GR, etc.) 4490' GiL	Union
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	or Duce
NOTICE OF INTENTION TO: SUBSEQUENT	
PERFORM REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CABING CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ASANDONMENT
OTHER	
	J.
17. Describe Proposed or Completed Operations (Clearly state ail pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimated date of starting any proposed
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<i>:</i>
Propose to fracture stimulate Tubb Formation to increase production. with 2% KCL fresh water with additives. POOH with production equipm $1/2$ " treating packer and 3 $1/2$ " workstring. Land packer at 1900'. HEC gel, liquid $\mathrm{CO_2}$ and $8/16$ Brady sand. Mix gel in 2% KCL fresh wat 1 hour after frac job. Flow well back to flow tank to recover Clean out sandfill to 2200' if necessary. FIH with production equi 2020'. Load backside with packer fluid and pressure test annulus to to production.	Frac well with 7" x 3 Frac well with 40 lb ter. Shut well in for load water overnight.
	•
O+3-NMOCD,SF 1-R.A. Sheppard HOU. Rm. 20.156 1- T. Thiel HOU. Rm. 3.167 1-DJH 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in A 1-Exxon 1-WF, Brownfield 1-WF, Clayton	ction 1-Shell
id. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
Sr. Admin. Analyst	<u>8</u> -18-87
	0
CONDITIONS OF APPROVAL, IF ANYI	DATE 8-25-8/
C.	i i i i i i i i i i i i i i i i i i i

BDCDGU 8. Well Number 1835-01	Li		FIELD NAME
any			OPERATOR
any		duoties C	OPERATOR Dro
		duction Compa	AMOCO Pro
NM 88240	3240	68 Hobbs, N	P.O. Box
County			LOCATION
Union			
RECORD OF INCLINATION	ORD OF		
Angle of Displacement per Course Accumulativ (Degrees) (Sine of Angle X100) Displacement (feet) Displacement (feet)	ition	Course Length (Hundreds of feet)	Measured Depth (feet)
3/4 1.30 4.81 4.8		370	370
3/4 1.30 4.16 8.9		320	690 1200
3/4 1.30 6.63 15.60 3/4 1.30 13.00 28.60		510 1000	2200
10.00		449	2649
3/4 1.30 5.84 34.44)/ '	110	
			
			····
OPERATOR CERTIFICATION es alladata	, data	hereby declares	LINATION DATA (
Signature of Authorized Representative	gnature of Abehorized Representative		
Name of Person and Title (type or print)	Sue Baer, Production Clerk mme of Person and Title (type or print)		
		ion	CO2 In Act
0.7		373-8307	806
Area Code		*	Area Code
Name of Person and Title (type or print) Operator Telephone:		Production Cle (type or print) cion 373-8307	Sue Baer, le of Person and Tit. CO2 In Act

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