

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-021-20113

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. 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. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

CO2

OTHER

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 3092; Houston, TX 77253

4. Well Location

Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line

Section 11 Township 19N Range 33E NMPM Harding County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

4965GL

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Re-perf and repair high casing ☒
pressure.

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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.

Moved in and rigged up service unit 11-21-91. Killed well with 2% KCL and additives. Nippled up blow out preventor. Released packer and pulled tubing. Perforate the following intervals 2342-2346, 2348-2350, 2355-2374, 2377-2382, 2387-2394, 2410-2431, 2438-2476, 2482-2506, 2523-2534 with 4 jsp. Rerun production equipment and set packer at 2300 ft. Loaded annulus with inhibited fluid and tested packer to 500 psi for 30 minutes. Moved out service unit 11-26-91. Return well to production.

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

SIGNATURE

Mark Randolph

TITLE

Admin. Analyst

DATE

12-12-91

TYPE OR PRINT NAME

Mark E. Randolph

713/
TELEPHONE NO. 556-3216

(This space for State Use)

APPROVED BY

Ry E. Johnson

TITLE

DISTRICT SUPERVISOR

DATE

12-30-91

CONDITIONS OF APPROVAL, IF ANY: