

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87504

OCT 05 1983

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-77

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.G.B.	<input checked="" type="checkbox"/>
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OPERATOR	<input checked="" type="checkbox"/>

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fed <input type="checkbox"/>
3. State Oil & Gas Lease No.	
L-949	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFECH OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Name of Lease Name State ET Gas Com
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>36</u> TOWNSHIP <u>15-S</u> RANGE <u>27-E</u> N.M.P.M.		10. Field and Pool, or Wildcat Und. Buffalo Valley Penn Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3658.3' GL		12. County Chaves

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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> status update

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.

Moved in service unit 9-8-83. Ran bit and tagged bottom at 9156'. Displaced hole with 10# brine and 2% KCL. POH. Pressure tested casing to 600 psi for 30 minutes. Held OK. Ran Gamma Ray CCL from 9,148'-7000'. Perfed 9086'-98' and 9100'-10' with a 3-1/8" casing gun and 2 JSPF with 120° phasing. Ran seating nipple, tubing, packer, and tubing. Packer set at 8945'. Swabbed 5 hrs. and recovered 34.5 BLW and slight show of gas. Ran Gamma Ray Temp. Survey from 8700'-9148'. Acidized with 1500 gal 7-1/2% MS acid, additives, 50 ball sealers, and RA material. Ran after acidized Gamma Ray temp. Survey. Swabbed 28 hrs. and recovered 130 BLW, 3 BO, and a 6' flare. Loaded tubing with 28 bbl 2% KCL brine. Released packer and POH. Ran 5-1/2" cement retainer and set at 9078'. Ran stinger for cement retainer and tubing. Sting into cement retainer and cement squeeze with 100 sx class H cement. Reverse out 61 sx of cement. POH with tubing and stinger. WOC. Ran tubing conveyed guns, 1 jt. tubing, 4' Perf sub, F-nipple, 1 jt. tubing, packer, and on-off tool. Packer set at 8944' with guns on depth. Ran swab 3-1/2 hrs. and recovered 35 BLW. Dropped bar and perfed Morrow intervals 8996'-9010', 9052'-9055' and 9059'-9066' with 4 JSPF. Gas to the surface in 7 minutes. Flowed dry gas 6 hrs. with 30-35' flare. Moved out service unit 9-23-83. Moved in and installed test equipment 9-23-83. Ran dip-in BHP. Left shut-in. Began flow testing 9-26-83. Flow tested 4 days. Last 8 hrs. recovered 3100 MCFD. Shut-in, equipment freezing up. Installed rental test equipment. Preparing to resume flow test.

0+4-NMOCD, A 1-HOU, R. E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm 4.206 1-CMH 1-Gorham

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

SIGNED Charles M. Herring TITLE Administrative Analyst DATE 10-3-83

APPROVED BY Leslie A. Clements Original Signed By Leslie A. Clements TITLE Supervisor District II DATE OCT 5 1983

CONDITIONS OF APPROVAL, IF ANY: