

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

NOV 15 1991

O. C. D.
ARTESIA OFFICE

WELL API NO. 30-015-21908
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-537-5
7. Lease Name or Unit Agreement Name Empire South Deep Unit
8. Well No. 11
9. Pool name or Wildcat Empire South Wolfcamp
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3609' RDB

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 ☐ OTHER ☐	2. Name of Operator Amoco Production Company	3. Address of Operator P. O. Box 3092, Houston, TX 77253	4. Well Location Unit Letter F : 1980 Feet From The North Line and 2130 Feet From The West Line Section 32 Township 17-S Range 29-E NMPM Eddy County
---	---	---	--

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: Plugback & Add Upper Perfs ☒

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.

MI X RUSU. POH X prod. Equip. & tbg.
Set CIBP @ 7650' X cap w/35' cmt. RIH w/tbg X pkr. Set pkr @ 7350'. Load
backside w/KCL water.
Perf 7446'-7458', 7484'-7491', 7538'-7551' w/tbg gun w/4JSPF.
Swab to test. If well swabs dry, acidize w/2500 gal 15% NEFE HCL. Drop 120 balls
in acid. Flush w/tbg volume plus 15 bbls KCL water. Swab to test.
If swab results are economical, prep to return to prod. If swab results are uneconomical,
set CIBP at 7435' X cap w/35' cmt.
RD X MOSU.

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 11/11/91
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 21 1991