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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E - 1284 - 3
7. Unit Agreement Name Empire So. Deep Unit
8. Farm or Lease Name Empire So. Deep Unit
9. Well No. 10
10. Field and Pool, or Wildcat WC Atoka
12. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS MAY 9 1979
(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER -	O. C. C. ARTESIA, OFFICE
2. Name of Operator Amoco Production Company	
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	
4. Location of Well UNIT LETTER G 1980 North 1980 FEET FROM THE LINE AND FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 28-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3687.45 RDB	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Plug Back, Acidize, Perf <input checked="" type="checkbox"/>

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 4-25-79. Pulled tubing and packer. Set cast iron bridge plug at 10,590'. Capped with 35' cement. Set packer at 10,060' and tailpipe set at 10,096'. Perforated interval 10,216'-10,226' using 4 JSPF. Swabbed well. Acidized with 2,000 gal 7-1/2% acid with 1,000 SCF N₂ per bbl. Flow tested well. Moved out service unit 5-3-79. Currently evaluating productivity of Atoka Zone.

Post ID 2
9-2-83
VIA Memo

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 5-7-79
SUPERVISOR, DISTRICT II

APPROVED BY W.A. Gussett TITLE _____ DATE MAY 16 1979

CONDITIONS OF APPROVAL, IF ANY:

0 + 4 - NMOCDA, A 1 - RWA 1 - Hou 1 - Susp 20 - Partners