STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
MAY 11 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: E-12843

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. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: AMOCO PRODUCTION COMPANY ✓

8. Farm or Lease Name: Empire South Deep Unit

3. Address of Operator: P. O. Box 68 Hobbs, NM 88240

9. Well No.: 10

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 28-E NMPM.

10. Field and Pool, or Wildcat: Wildcat Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.): 3687.4' RDB

12. County: Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK	[X]	ALTERING CASING [ ]
TEMPORARILY ABANDON	[ ]		COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB	[ ]	
OTHER	[ ]		OTHER		[ ]

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.

Resumed pump testing 3-31-83. Alternately pumped and shut-in for fluid build up. Last 24 hrs recovered 6 BO, 0 BW, and 0 MCF. Pumped 2 hrs and shut down 22 hrs for fluid build up. Currently, shut-in for 10 day fluid build up evaluation.

0+4-NMOCD,A 1-HOU 1-F.J. Nash, HOU 1-CMH

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 Assist. Admin. Analyst DATE 5-6-83

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE MAY 11 1983

CONDITIONS OF APPROVAL, IF ANY:

ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: E-12843

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.)

RECEIVED
MAR 30 1983
O. C. D.
ARTESIA, OFFICE

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: Amoco Production Company ✓

8. Farm or Lease Name: Empire South Deep Ut

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.: 10

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 18-S RANGE 28-E NMPM.

10. Field and Pool, or Wildcat: Wildcat Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.): 3687.4

12. County: Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [X]	ALTERING CASING
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER	

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.

Began pump testing 3-12-83. Pump tested 12 days. Last 24 hours recovered 0 barrels of fluid and 0 mcf gas. SI well for fluid level build up. Will resume pump testing after fluid level build up test.

0+6-NMOCD,A 1-HOU 1-F. J. Nash, HOU 1-DMF

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

SIGNED Mark Freeman TITLE Assist. Admin. Analyst DATE 3-25-83

APPROVED BY Original Signed by Leslie A. Clements TITLE Supervisor District II DATE APR 0 1 1983

CONDITIONS OF APPROVAL, IF ANY: