| STATE OF NEW MEXICO | | | |
|--|---|---|--|
| ENERGY AND MINERALS DEPARTMENT | OIL CONSERVA P. O. BO SANTA FE, NEW | | Form C-103 Revised 10-1-78 |
| PILE U.S.O.S. LAND OFFICE - OPERATOR | | | Sa. Indicate Type of Lesse State X Fre S. State Off & Gas Lease No. E-12843 |
| | TICES AND REPORTS ON | WELLS ACA TO A DIFFERENT RESERVOIR. # PROPOSALS.1 | 7. Unit Agreement Name |
| 2. Nan.+ of Operator Amoco Production Company 3. Address of Operator | H E R - | JUL 25 1983 | 8. Form or Lease Name Empire South Deep Ut. |
| P. O. Box 68, Hobbs, New M | lexico 88240 | O. C. D. ARTESIA, OFFICE | 9. Vell No. 10 |
| UNIT LETTER G 1980 | North | 1980 FLET FRO | 11-7 deate 11-7 Comm |
| THEEast LINE, SECTION | 1 18-S | 28-E NMP | |
| | 15. Elevation (Show whether 3687.4' | | 12. County Eddy |
| The Check Appro NOTICE OF INTEN | - | ature of Notice, Report or O SUBSEQUEN | ther Data IT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| OTHER | | | |
| 17, Describe Proposed or Completed Operation | is (Clearly state all pertinent deta | nus, and give pertinent dates, includin | ig estimated date of starting any proposed |

work) SEE RULE 1103.

Started pump test 5-11-83. Well pumped 89 BO, 14 BW, and 0 MCF in 176 hours. Last 24 hours well pumped 6 BO, 0 BW, and 0 MCFD. Moved in service unit 7-6-83. Killed well with 50 bbl cut brine water. Pulled rods, pump, tubing, and anchor. Ran packer, seating nipple, and tubing. Tested tubing to 8000 PSI and OK. Set packer at 8215'. Acidized with 12000 gal 20% XL-acid/5 w/additives. Well shut-in 2 hours. Flowed well to tank 6 hours and recovered 87 BLW. Pulled tubing and packer. Ran seating nipple, 4 joints tailpipe, tubing anchor, and tubing. Seating nipple set at 8812' and anchor set at 8685'. Ran rods and pump. Moved out service unit 7-9-83 and started pump test. Pumped 30 BO, 289 BLW and 9 BW in 208 hours. Last 24 hours pumped 0 BO and 0 BW. Shut-in for fluid build-up 7-19-83.

0+5-NMOCD, A 1-HOU, R.E.Ogden, Rm 21.150 1-F.J.Nash, HOU, Rm. 4.206 1-CLF

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

| BIGNED Cathy L. Forman | Assist. Admin. Analyst | DATE 7-21-83 |
|------------------------|--|--------------|
| APPROVED BY | Original Signed By Leslie A. Clements TITLE Supervisor District II | JUL 2 5 1983 |

CONDITIONS OF APPROVAL, IF ANY: