ENERGY AND MINERALS DEPARTMENT		
DISTRIBUTION OIL CONSERVATION DISTRIBUTION	F	
JANTA FE SANTA FE, NEW MEXICO 87501	- Form C-103 Revised IO-1-	
	Sa. Indicate l'ype of Lease	
U.S.G.S.	State Foo X	
OPERATOR C.D.	5. State Oll & Gas Leave No.	
4.5TEC119, 1599世纪		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSILS TO DAILL OR TO DEEPEN OR DUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT		
1. OIL GAS X OTHER-	7. Unit Agreement Name	
2. Name of Operator	8. Form or Lease Hame	
Amoco Production Company	Johnson	
3. Address of Operator	9, Well No.	
P. O. Box 68, Hobbs, New Mexico 88240	1	
4. Location of Weil	10. Field and Pool, or Wildcat	
UNIT LETTER H 1980 FEET FROM THE North LINE AND 660	Und. Cisco	
_	AUIIIIIIIIIIIIII	
THEEast 10 TOWNSHIP 18-S RANGE 25-E HMP	//////////////////////////////////////	
() () () () () () () () () () () () () (<u> </u>	
3494.2 GL	12. County Eddy	
Check Appropriate Box To Indicate Nature of Notice, Report or O NOTICE OF INTENTION TO:	ther Data	
PERFORM REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ADANDON	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, includin	is estimated date of starting any propos	
work) SEE RULE 1103.	is commented care of starting any propos	
Moved in service unit. Pulled tubing, packer, on-off tool, nipple a CIBP and set at 7800'. Tested CIBP to 500 PSI. Tested O.K. Cappe cement. Perforated intervals 7020'-7036' with 4 JSPF. Ran shear d packer, on-off tool, and 2-7/8 tubing. Dropped bar and sheared dis in 15 minutes. Swabbed 2 hours. Recovered 2 bbls of load water. gallons 15% NE HCL and 97000 SCF N2. Flow tested 16 hours. Recov load water, 44 bbls of new water, and a 25' flare of gas. Moved ou Continued flow testing. Flow tested 11 days. Recovered 228 mcf. buck sales line pressure. Well currently shut-in evaluating.	d with 35' of isc, F-nipple, c. Gas to surface Acidized with 2400 ered 80 bbls of t service unit	
0+4-NMOCD,A 1-HOU 1-W. Stafford, HOU 1-DMF		
12. I have be easily that the laformation changes in the		
13. I hereby certily that the information above is true and complete to the best of my knowledge and belief.		
Assist. Admin. Analyst	0 5 02	
AIGHED AIId Tyst	<u>8-5-82</u>	

	Original Signed By			
	Leslie A. Clements			OCT
APPROVED BY	Supervisor District II		TITLE	 DATE
CONDITIONS OF	APPROVAL, IF ANY:	-		

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