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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 13 1980

O. C. D.
ARTESIA OFFICE

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

5a. Indicate Type of Lease Date <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L - 5033
7. Unit Agreement Name
8. Farm or Lease Name State HE Com
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat Morrow
11. County Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFIN OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE APPLICATION FOR PERMIT TO DRILL OR TO REFIN OR PLUG BACK TO A DIFFERENT RESERVOIR

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amoco Production Co. ✓
3. Address of Operator P. O. Box 68, Hobbs, NM 88240
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 11 TOWNSHIP 19-S RANGE 27-E

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

-3418.2 GR 3481.2

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input 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 2-27-80. Ran a cast iron bridge plug set at 10310'. Perforated 10245' - 10280' with 2 JSPF. Acidized with 6000 gal 7-1/2% MS acid with 1000 SCF Nitrogen per bbl. Flushed with 25 bbl 4% KCL water with 1000 SCF Nitrogen per bbl. Currently swab testing.

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

SIGNED Bob Davis TITLE Asst. Admin. Analyst DATE 3-11-80

APPROVED BY W. A. Gussitt TITLE SUPERVISOR, DISTRICT II DATE MAR 26 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4, NMOCD-A 1-HOU 1-Susp 1-BD