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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-232

**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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State IR
3. Address of Operator P.O. Box 68 Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 925 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 21-S RANGE 27-E NMPM.	10. Field and Pool, or Wildcat Burton Flat Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 2171.1' 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 <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> Status Report <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.

Flow tested Morrow zone for eight days and flowed 121 BWX 1291 MCF. Flow tested Atoka zone for five days and flowed 4471 MCF. Acidized Morrow zone 11170' - 330' with 4500 7-1/2% MS acid and 1000 SCF N2/BBL in three equal stages and separated with 500 lbs. rock salt and 500 lbs. Paraformaldehyde and flushed with 28 BBL 10 lb. brine with 2% KCL and 1000 SCF N2/BBL. Swab tested for 27-1/2 hrs. and recovered 23 BLW and 122 BW. Moved out swab unit 9-8-81.

0 + 4 NMOCDA 1-Hou 1-Susp 1-W.Stafford, Hou 1-GPM

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

SIGNED <u>Greg M. Stokich</u>	TITLE <u>Admin. Analyst</u>	DATE <u>9-9-81</u>
APPROVED BY <u>W.A. Guesett</u>	TITLE <u>Asst. Dir. of Conservation</u>	DATE <u>SEP 10 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		