

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

APR 28 1982

Form C-103
Revised 10-1-7

O. C. D.
ARTESIA OFFICE

4a. Indicate Type of Lease	State ☒	Fed ☐
5. State Oil & Gas Lease No.	LG-5995	

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 ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company /	8. Farm or Lease Name Lancaster Spring Com
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>I</u> <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>8</u> TOWNSHIP <u>22-S</u> RANGE <u>26-E</u> NMPM.	10. Field and Pool, or Wildcat Happy Valley Morrow
11. Elevation (Show whether DF, RT, GR, etc.) 3414' G. L.	12. County Eddy

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

PERFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposals or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to acid stimulate the Morrow interval 10912'-11330' as follows:

Kill well with 2% KCL water. Run base gamma ray-temp. log. Acidize Morrow perforations 1-912-11330' with 5000 gal 7-1/2% MS acid with 1000 SCF per bbl with additives. Tag acid with radioactive material. Pump acid as follows: (a) Pump 2500 gal acid with 60000 SCF N2 and additives; (b) Pump 2000 gal acid with 48000 SCF N2 and additives; and (c) Pump 500 gal acid with 12000 SCF N2 and additives. Flush with 60 bbl 2% KCL water and 60000 SCF N2 with additives. Run after treatment gamma ray-temp survey. Flow test well and return to production.

0+4- NMOCDA, A

1-HOU

1-SUSP

1-CLF

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

SIGNED Cathy L. Torman

TITLE Asst. Admin. Analyst

DATE 4-26-82

APPROVED BY Mike Walker

TITLE OIL AND GAS INSPECTOR

DATE MAY 3 1982

CONDITIONS OF APPROVAL, IF ANY: