C ONDIT:	INS OF APPROVAL	Super	A. Clements		DATE
te-			al Signed By	<u></u>	<b>SEP</b> 5 1984
3 IGHED	Leal H	Barton	TITLE	Production Engineer	BATE8/24/84
18.1 here	by certify that the inf	formation above is tru	e and complete to the best	of my knowledge and belief.	
					Post 21-84 Post 31-84 P+H Mount
6.	Shut well in	tor pressure	build-up.		0 + I 8 4 m
5.		up, making ap	proximately 800 1	MCF per day.	
4.	Flowed and cl	eaned well up	. Rigged up HOW	, so , 41 and 45 . CO and acidized with 30	000 gals of 10% BC acid
3. Ran and landed tubing in Model D packer. Perforate Atoka with 28 holes at following place 10,556', 58', 60', 62', 67', 69', 71', 76', 80', 82', 84', 88', 91', 98'; 10,601', 03', 10', 13', 16', 18', 23', 25', 30', 32', 34', 36', 41' and 43'.					
	10,450' 8-8-8-	4.			
2.					
	Rigged up HOW( (474'). Pulle no cement 8-7-	ed tubing to	1 a 50 SK Class H 10,900' and reven	I cement plug from 11,4 rsed out. Recovered ce	ment colored water but
1. 1	SEE RULE 1903. Loaded tubing	with KCl wat	er. Pulled seal	assembly out of packer	and circulated well.
17. Descr	the Proposed or Comp	leted Operations (Cle	arly state all pertinent det	nils, and give pertinent dates, includ	ing estimated date of starting any proposed
OTHER				recomplete in A	
	ALTER CASING		CHANGE PLANS	CASING TEST AND CEMENT JOB	om Morrow and
	REMEDIAL WORK		PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
		OF INTENTION			NT REPORT OF:
16.	C	heck Appropriat		ature of Notice, Report or (	
IIII		111111111111111111111111111111111111111	Elevation (Show whether 3284.8' Gr	DF, RT, GR, etc.)	12. County Eddy
THE	West	, SECTION	24S	NANGE 26E NMP	- (
		1980	South	LINE AND FEET FR	Wildcat Atoka
611 Petroleum Building, Midland, Texas 79701					1 10. Field and Pool, or Wildcat
Hamon Oil Company 3. Address of Operator					9. Well No.
WELL 2. Name of	Operator				8. Farm or Lease Name State L-4325
011	GAS WELL			· · · · ·	7. Unit Agreement Name
(C	DO NOT USE THIS FORM	UNDRY NOTICES	AND REPORTS ON	WELLS (ck to a different reservoir. (proposals.)	
OPE	RATOR			ARTESIA, OFFICE	L-4325
	DOFFICE			O. C. D.	State 🔀 🛛 Fee
SAN FILI	TAFE V	1 il	SANTA FE, NEW	MEXICO 87507 1984	Sa. Indicate Type of Leise
	DISTRIBUTION		P. O. BOX		Form C-103 - Revised 10-1-78
	er conte accelves	Č	IL CONSLIVA	TON DIVISION	1