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# NEW MEXICO OIL CONSERVATION COMMISSION

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

JUN 9 1977

13.10.01

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

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT TO DRILL C-101 FOR SUCH PROPOSALS.)

|                                                                                                                                              |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                             | 7. Unit Agreement Name<br>Old Indian Draw Unit         |
| 2. Name of Operator<br>Amoco Production Company                                                                                              | 8. Farm or Lease Name<br>Old Indian Draw Unit          |
| 3. Address of Operator<br>P. O. Drawer A, Levelland, Texas 79336                                                                             | 9. Well No.<br>21                                      |
| 4. Location of Well<br>UNIT LETTER 0 330 FEET FROM THE South LINE AND 2283 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 22-S RANGE 28-E NMPM. | 10. Field and Pool, or Wildcat<br>Indian Draw Delaware |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br>3093.7 GR                                                                                   | 12. County<br>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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input 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 JOBS <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.

Reach TD of 3450 at 10:00 AM 5-28-77. Ran logs X sidewall cores. Ran 5½" casing and set at 3450. Cement with 500 SX Incor and 3% econolite with 10# gilsonite, 7½# salt and ¼# flocele per SX. Follow with 100 SX Class C with 50-50 POZ mix & 2% gel. Plug down at 8:45 PM 5-31-77. Circulate 50 SX. Rig released 11:00 PM 5-31-77. Move in service unit 6-2-77. WOC 36 hrs. Test casing with 2100# for 30 min. Test ok. Ran experimental long spacing sonic log 2200-3405 with Gamma Ray and Collar Locator. Perf Delaware interval 3289-3309 with 2 DPJSPF. Ran tbg and spot 2 BBL 7½% clay stabilizing acid across perfs. Wash and soak. Acidize perfs with 3000 gal 7½% clay stabilizing acid. Swab test and evaluate. Install pumping equipment. Test well.

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

|                                   |                                     |                        |
|-----------------------------------|-------------------------------------|------------------------|
| SIGNED <u>Kenneth Brand</u>       | TITLE <u>Senior Staff Assistant</u> | DATE <u>6-7-77</u>     |
| APPROVED BY <u>W. A. Gressett</u> | TITLE <u>SUPERVISOR, DISTRICT H</u> | DATE <u>JUN 9 1977</u> |
| CONDITIONS OF APPROVAL, IF ANY:   |                                     |                        |