N 1. OF COPIES RECEIVED		Form C-103 Supersedes Old
DISTRIBUTION	RECEIVED	C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		Sa. Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE	- O. C. D.	5. State Oil & Gas Lease No.
OPERATOR	ARTESIA, OFFICE	
SUNI	DRY NOTICES AND REPORTS ON WELLS	
IDO NOT USE THIS FORM & H	ATION FOR PERMIT - " (FORM C-1011 FOR SJCH PROPOSALS.)	7. Unit Agreement Nume
I. OIL GAS X		
well well well (0THER-	8, Farm or Lease Name
Amoco Production Company		Ingalls Gas Com.
A threes of cyleratid		9. Well No.
P. O. Box 68, Hobbs, NM 88240		1
Location of Well		10, Field and Pool, or Wildcat
	1950 FEET FROM THE North LINE AND 1980 FEET FROM	Wildcat Wolfcamp
UNIT LETTERG	UNE AND FEET FROM THE UNE AND FEET FROM	
Eact.	22 TOWNSHIP 23-S RANGE 28-E NMPM.	
THE East LINE, SE	CTION ZZ TOWNSHIP ZJ-J RANGE ZO-L NMPM.	
MANNIN	15, Elevation (Show whether DF, RT, GR, etc.)	12. County
	3022 RDB	Eddy Allilli
	k Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data
	INTENTION TO:	REPORT OF:
NOTICE OF	INTENTION TO:	
·	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	CHANGE PLANS CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING	OTHER Production after	<u>Wolfcamp recompletionX</u>
0.7.4.5.8		
	the state of the postions date including	estimated date of starting any proposed
7. Describe i reposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.		
After acidizing Wolfcamp interval 10506'-10550' swab tested for nine days. With following		
results: 11-30-79 Swab 2 bbl oil and 123 bbl load water with small gas show in 5-1/2 hrs.		
12-7-79 Swa	ab 2 bbl oil and 8 bbl load water with slight gas s	show in 9 hrs.
12-10-79 Swa	ab 2 bbl oil and 18 bbl load water with string gas a	is in 8 hrs.
12-11-79 Swa	x μ	
Nino day tota	I: Swab 34 bbl oil and 232 bbl load water with sma	all amount of
Nine day coca		
	gas on 6 days.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
RAGA	aug Assistant Admin. Analyst	DATE 12-19-79
NIGNED		
	I	m 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IN. C. s	Supervisor. District 1	DEC 21 1975
APPROVED BY		
I UNDITIONS OF APPROVAL, IF	ANYI	

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