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JUL 31 1985
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Form C-103
Revised 10-1-73

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG A WELL TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - 1 (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☐	GAS WELL ☒	OTHER ☐	1. Unit Agreement Name
Name of Operator AMOCO PRODUCTION COMPANY			2. Form of Lease Name Pardue Farms Gas Com
Address of Operator P.O. BOX 68 HOBBS, NEW MEXICO 88240			3. Well No. 1
Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>26</u> TOWNSHIP <u>23-S</u> RANGE <u>28-E</u> N.M.P.M.			4. Field and Pool, or Willcat S. Culebra Bluff Atoka
15. Elevation (Show whether DF, RT, CH, etc.) 3012.4 GR			12. County Eddy

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

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PORABLY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐	OTHER ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

Propose to: Misd and kill well w/ 2% KCL FW. Rel pkr, pull tbg, and reset pkr at 10,700'. Swab down to 6000'. RTH w/ 1 9/16" thru-tbg gun. Magnetically decentralize gun and perf 11,427'-11,436' w/ 8 DPJSPP at 0° phasing, using a selective firing gun. If well starts to flow, drop guns below perfs and allow well to flow for 30 minutes to clean up the perforations. Shut well in and retrieve perforating gun. Run before treatment survey from 11,850'-11,300'. Acidize intervals w/ 12,000 gals gelled 15% NEFE HCL acid w/ 1000 scf N₂/BBL. (Acid to contain additives) as follows. ① Pump 1500 gal gelled acid. ② Pump 6000 gal gelled acid, dropping 3 ball sealers / 2 bbl acid (300 total). ③ Pump 1500 gallons acid. Flush acid to perfs w/ 52 bbls filtered 2% KCL FW combining 1000 scf NMOC-D-A, 1-IRB, 1-FSN, 1-NLG

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

TITLE Administrative Analyst
DATE 30 July 1985
Original Signed By
Les A. Clements
TITLE
DATE JUL 31 1985
Supervisor District 11

Nz/bbl. Run after treatment survey. Flow back well and return to production.