

SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

RECEIVED

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
3. State Oil & Gas Lease No.	

## SUNDARY NOTICES AND REPORTS ON WELLS

APR 08 '88

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

1. <input type="checkbox"/> ON WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		6. O. C. D. <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY		ARTESIA, OFFICE	8. Form of Lease Name State "IC" Com
3. Address of Operator P.O. Box 4072, Odessa, Texas 79760			9. Well No. 1
4. Location of Well UNIT LETTER <u>C</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>24-S</u> RANGE <u>25-E</u> N.M.P.M.			10. Field and Pool, or Wildcat Baldrige Canyon Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 4022.2' GL		12. County 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 checked="" 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 OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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.

Propose to work on well to attempt to restore gas production. MI and RUSU and pressure test casing. Swab well down and if well will not flow, pump 1200 gallons of Methanol, 1200 gallons of 2% KCl with 1 gallon of ENWAR-288 and AQF-1, 1600 gallons of CO<sub>2</sub>. Flush with 1000 gallons of 2% KCl with 1 gallon of LOSURF-300 plus 1000 gallons of CO<sub>2</sub>. Shut well in for 4 hours. Swab well as necessary. RD and MOSU and return to production.

Verbal approval received from Mike Williams 04-07-88.

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

Signed O. M. Mitchell TITLE Sr. Admin. Analyst DATE 04-07-88

Original Signed By Mike Williams APR 13 1988  
APPROVED BY Oil & Gas Inspector TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_