

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-26684
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. -----
7. Lease Name or Unit Agreement Name Brantley
8. Well No. 2
9. Pool name or Wildcat Loving Delaware, East

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3033.8' GR
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SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	RECEIVED MAY 3 1991
2. Name of Operator Amoco Production Company	
3. Address of Operator P. O. Box 3092, Houston, TX 77253	O. C. D. ARTESIA, OFFICE
4. Well Location Unit Letter J : 1872 Feet From The South Line and 1653 Feet From The East Line Section 22 Township 23-S Range 28-E NMPM Eddy County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Perf, Acidize, Frac ☒

12. 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.

Run perf depth control log from PBTD to 5300'. Peforate at 4 JSPF w/csg gun the following intervals: 6106-32, 6136-39, 6160-72, 6194-6202.

RIH w/ 2-7/8" tbg X pkr to 6000' X set pkr X prs test backside.

Acidize w/2000 gals 7-1/2% acid w/ corrosion inhibitor, clay stabilizer, 20 gals xylene x 240 perf balls.

Frac down 2-7/8" tbg at 10 BPM as follows:

12000 gals X-link	gel - pad
3000 gals X-link	gel w/1 ppg 20/40 OTTAWA SAND
4000 gals X-link	gel w/2 ppg 20/40 OTTAWA SAND
4000 gals X-link	gel w/3 ppg 20/40 OTTAWA SAND
4000 gals X-link	gel w/4 ppg 20/40 OTTAWA SAND
3000 gals X-link	gel w/5 ppg 16/30 Resin coated sand

See Attachment

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

SIGNATURE <u>Kim A. Colvin</u>	TITLE <u>Asst. Admin. Analyst</u>	DATE <u>5/1/91</u>
TYPE OR PRINT NAME		713/ TELEPHONE NO. 596-7686

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL: IF ANY:

MAY - 6 1991