| ENERGY AND MINERALS DEP | | | ~-·· | |
|---|-------------------------|-------------------------------------|--|---------------------------------------|
| WA. OF COPIES SECCIVES | | III CONSERVA | ATION DIVISION | V |
| DISTRIBUTION | | THE PORT | A LION DIVISION | |
| SANTA FE | | SANTAFILE | 0 X 2088 V MEXICO 87501 | Form Revi: |
| V.S.G.S. | LIY | 434 | V MEXICO 87501 | |
| LAND OFFICE | | AUG 24 1982 | | Su. Indicate Type of Leus |
| OPERATOR | \ | HOU N T 130Z | | State X |
| | -+ | O. C. D. | | 5. State Oll & Gas Leave |
| S | UNDRY NOTICES | ADTOCK - CO. | LWELLS | mmmm |
| SUNDRY NOTICES ARESTACES ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO ONILL ON TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. 1. | | | | |
| 014 [| | | | 7. Unit Agreement Name |
| . Name of Operator | OTHER- | | | |
| | | | | 8. Fam or Lease Name |
| Amoco Production Company | | | | Williams Gas Com |
| P. O. Box 68, Hobbs, New Mexico 88240 | | | | 9. Well No. |
| Location of Well | DDS, NEW MEXT | 0 88240 | | 1 |
| UNIT LETTER C | | T PROM THE North | LINE AND | Und. Atoka |
| west | 25 | тоwnship23-S | 28-E | |
| LINE, | SECTION | TOWNSHIP | RANGEN | MPM. (|
| | 15. | Elevation (Show whether | DF, RT, GR, etc.) | |
| | | 2988 . 8 . | GL | 12. County Eddy |
| . Ch | eck Appropriate | Box To Indicate N | lature of Motice, Report or | |
| . NOTICE | OF INTENTION T | O: | suaseou | Other Data ENT REPORT OF: |
| ERFORM REMEDIAL WORK | | PLUG AND ABANDON | REMEDIAL WORK | |
| MODHACA YJIHARORME | | | COMMENCE DRILLING OPNS. | ALTERING CASING |
| ULL OR ALTER CASING | | CHANGE PLANS | CASING TEST AND CEMENT JOB | PLUG AND ABANDO |
| | • |] | OTHER_ | |
| OTHER | | | N . | 1 |
| . Describe Proposed or Comple | ted Operations (Class | | | |
| work) SEE RULE 1 103. | · | sy state all pertinent deta | ils, and give pertinent dates, inclu | ding estimated dute of starting an |
| on 8/64" choke, r | recovered 0 bb | ntn 2000 gal 15 ols of oil, 0 bb | and tubing. Perfed in % NE HCL acid. Ran swils. of water, and 30 n for evaluation. | 10. 14. |
| | | | | |
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| 0+4-NMOCD,A 1- | HOU 1-W. S | +- CC UOU | 1 100 | · · · · · · · · · · · · · · · · · · · |
| O'T-MINOCO,A P- | 1-w. 5 | tafford, HOU | 1-MDR | |
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| , | | • | | |
| I hereby certify that the test | | | | |
| I hereby certify that the informa- | ition above is true and | d complete to the best of | my knowledge and belief. | |
| M. 6 R. | 1.1.1 | | | |
| co viack Ma | naogra | Adr | ministrative Analyst | 8-20-82 |
| 0.1 | an | | | |
| · Over Delse A - | Lowens | SU | PERVISOR, DISTRICT -II | AUG 2 7 1982 |