

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
OG-4548

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. OIL WELL GAS WELL OTHER: Injection

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 29 TOWNSHIP 13-S RANGE 34-E NMPM.

7. Unit Agreement Name

8. Farm or Lease
Midwest Nonombre PMP

9. Well No.
1

10. Field and Pool, or Wildcat
Nonombre-Penn

11. Elevation (Show whether DF, RT GR, etc.)
4156.8' GL

12. County
Lea

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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 stimulate w/8000 gals. 15% retarded NEFE acid to increase injection. Treat well down tubing w/8000 gals. 15% retarded NEFE w/1 gal. corrosion inhibitor per 1000 gals as follows: Pump 8000 gals. 15% retarded NEFE acid in 4 equal stages. Block w/500 # rock salt in 500 gals. 30#/gal. gelled brine in first 3 stages. Flush acid w/1500 bbls. fresh water in stage 4. Return well to injection.

0+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Jorman TITLE Assist. Admin. Analyst DATE 10-6-81

APPROVED BY Jerry Sexton TITLE Dist. 1. Supv DATE 10-6-81

CONDITIONS OF APPROVAL, IF ANY: