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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
L-4704

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>26-S</u> RANGE <u>33-E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name State GR 9. Well No. 1 10. Field and Pool, or Wildcat Salado Draw Wolfcamp Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3267.9 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 type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER _____ <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> REMEDIAL WORK <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <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.

Flow tested well and ran pressure build up test from 9-15-81 to 11-15-81. Wolfcamp zone is non-commercial. Final report for repair operations on Wolfcamp zone. Well currently shut in. Will submit proposal to recomplete to Atoka.

0+4-NMOCD,H 1-Hou 1-Susp 1-W. Stafford,Hou 1-DMF

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNED Mark L. ... TITLE Assist. Admin. Analyst DATE 11-20-81

APPROVED BY JERRY ... TITLE _____ DATE MAR 22 1982
CONDITIONS OF APPROVAL, IF ANY:

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MAR 10 1982

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15. Elevation (Show whether DF, RT, GR, etc.) 3267.9 GL	12. County Lea

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NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER

PLUG AND ABANDON
CHANGE PLANS

SUBSEQUENT REPORT OF:
REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER
ALTERING CASING
PLUG AND ABANDONMENT

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.

Squeezed Wolfcamp perforations 13,872'-917' per the following:

On 9-1-81 killed well with 50 barrels of 12 pound per gallon mud and 83 barrels of 2% KCL brine water. Pumped 100 barrels water and 50 sacks cement. Displaced cement to perforations with 64 barrels of water. WOC 15 hours. Pumped 10 barrels of water at average injection rate of 3/4 barrel per minute at 5900 PSI into perfs. Pulled tubing and packer. Ran 2-7/8 tubing, seating nipple, packer and on off tool. Tailpipe landed at 13450' and packer set at 11548'. Swab tested well 3 hours. Recovered 75 barrels of load water and a 6'-8' flare. Acidized well with 4750 gallons of 15% NEFE acid. Swab tested well 35 hours. Recovered 118 barrels of load water and a 6'-8' flare of gas. Moved out service unit 9-14-81. Currently evaluating.

0+4-NMOCD,H 1-Hou 1-Susp 1-W. Stafford,Hou 1-DMF

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

SIGNED Mark Freeman TITLE Assist. Admin. Analyst DATE 9-3 -81

ORIGINAL SIGNED BY

JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE MAR 22 1982

CONDITIONS OF APPROVAL, IF ANY:

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MAR 10 1982

O.C.D.
HOBBS OFFICE