## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
OPPRATOR		7

## OIL CONSERVATION DIVI JN P. O. BOX 2088

Form C-103 Revised 10-1-

	ANTA FE, NEW	MEXICO 37	501	
V.S.G.S.				Su. Insticate Type of Lease
LAND OFFICE				State X Fee
OPERATOR .	•			S. State Oll & Gas Lease No.
				L-5097
SUNDRY NOTICES A		ACH TO A DIRECTOR	T RE <u>Ser</u> voir.	
USE "APPLICATION FOR PERMIT -"	· (FORM C-101) FOR SUC	H PAOPOSALS REC	EIVED	7. Unit Agreement Name
OIL GAS X OTHER-				
me of Operator	<del></del>	SEP 1	7 1982	8. Fam or Lease Name
Amoco Production Company		ا ا ا ا		State MV Com
dress of Operator		0. (	C. D.	9. Well No.
P. O. Box 68, Hobbs, New Mexic	co 88240	ARTESIA	, OFFICE	11
cation of Well				10. Field and Pool, or Wildcat
1980 L 1980	Sout	<u> </u>	660	Wildcat Wolfcamp
			21 5	
West Line, Section 16	TOWNSHIP	RANGE	NMP1	
		DC PT CP		12. County
	19737.3	Dr, KI, GK, etc.	,	Eddy
Check Appropriate E		Nature of Moti		
NOTICE OF INTENTION TO	<b>)</b> :		203250051	NT REPORT OF:
ſ <del>V</del> ]	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
		COMMENCE DRIL	LING OPNS.	PLUG AND ABANDONMENT
OR ALTER CASING	CHANGE PLANS	CASING TEST AN	7=5	
UN 2010A 02011A		OTHER		
HER		\ \ \	•	
		1 - 1 - 1 - 1 - 1	einant datas ingludi	an estimated date of starting any proof
Describe Proposed or Completed Operations (Clearly park) SEE RULE 1103.	/ state all pertinent dei	mits, and give per	tinent dates, thetasi	is commerce base of similar and proper
Propose to move in service unand tailpipe. Run in hole with 6288'-98' and 6338'-46' with and cement. Circulate clean.	th cement reta 100 sacks clas Run in hole	iner and se s H neat ce and perfora	t at 6188'. ment. WOC. te Wolfcamp <sup>-</sup>	Squeeze perfs Drill out retainer interval 6338'-46'.
Run in hole with 90' of 2-3/8' and swab test well. If well of	talipipe, pa	acidize wit	-578 cubing. h 5000 gallo:	40# delled brine
water and 5000 gallons 15% HCI	L with 1000 (SC	F N2 per ba	rrel. Flush	with 3000 gallons
brine water with 1000 SCF N2	per barrel. F	low and swa	b test well.	
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0+4-NMOCD,H 1-HOU 1-W.	Stafford, HOU	I – DMF		
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I hereby certify that the information above is true ar	nd complete to the best	of my knowledge	and belief.	
Who b. Ina.	^	ccict Admi	n Analyst	9-15-82
- Mark treema	TITLE A	issist. Auilli	ii. muiyst	DATE DIO OL
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