STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

The state of the s	. 1 - 7 1 1	1.41427
No. 01 Contra RECEIVED	T	
DISTRIBUTION		
SANYA PE		
FILE.		
U.S.U.S.		
LAND OFFICE		
OPERATOR	7	[—]

, •	No. 01 Cortes RECEIVED	OIL CONSERVATION DIVI	SION
	DISTRIBUTION	P. O. BOX 2088	Form C-103 ·
	SANYA PE	SANTA FE, NEW MEXICO 875	801 Revised 10-1-78
	FILE.		Sa, Indicate Type of Lease
	V.3.0.3.		State Fee X
	LAND OFFICE		
	OPERATOR		5. State Oil & Gan Lease No.
	SUNDR	Y NOTICES AND REPORTS ON WELLS	
	PAG NOT MENT BENT DEN TON OOL	POSALS TO DRILL OR TO DECPEH OR PLUG BACK TO A DIFFERENT OR FOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	RESERVOIT.
1.			7. Unit Agreement Name
	WELL X GAS WELL .	OYHEA+ .	
2. No	aine of Operator		8. Farm or Lease Name
	Amoco Production Com	pany	Hill "A"
J. Ac	ddraus of Operator		9, Well No.
	P. O. Box 68, Hobbs,	NM 88240	8
4. L	cation of Well		10. Field and Pool, or Wildcat
	UNIT LETTE M 3	630 PEET FROM THE South LINE AND 8	Eumont
÷	West INC.	N 6 TOWNSHIP 21-S RANGE 3	B7-E RMPM (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	Cine, Section	TOWNSHIP RANGE	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK X TEMPORAHILY ABAHDON PULL OR ALTER CABING	PLUG AND ABAHDON	REMEDIAL WORK COMMENCE DRILLING OPHS. CASING TEST AND CEMENT JOB	ALTERING CASING PLUG AND ABANDONMENT	
OTHER		OTHER		

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

12, County

Lea

15. Elevation (Show whether DF, RT, GR, etc.)

3513' RDB

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

Propose to increase production by the following procedure:

Pump 2500 gallons 15% RE HCL acid and flush with 25 bbls. lease water. Run pumping equipment to pump back load. Test for load recovery by water analysis. Pull pumping equipment and pump 55 gallons Wellaid 825 mixed with 50 bbls. lease water. Flush with 125 bbls. lease water. Run pumping equipment. Wait 24 hrs. and return well to production.

SICHED TOWN		DATE	3 0 00
18. I hereby certify that the information above is true and	TITLE ASST. Admin. Analyst	UATE	3-6-80
	CIL COLUMN TO DAY SIGN		
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