STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMI	ENT	
HE. OF LOPITE ALLINED	OIL CONSERVATION DIVISION	
DISTFUNUTION	P. O. BOX 2038	Form C-103
JANTA FE	SANTA FE, NEW MEXICO 87501	Revised 10-1-75
FIL2		
U.S.G.S.		Sa. indicate Type of Lease
LAND OFFICE		State Fun K
OPERATOR]	5, State Off & Gas Lease No.
SUNDA SUNDA SUNDA SUNDA	RY NOTICES AND REPORTS ON WELLS OF DALS TO DAILL OF TO DEPEND OF PLUS AND TO A DIFFERENT RESERVE TION TO PEINIT - "FORT C-INIT OR AUCH PROPOSALS.)	1a.
	0THER-	7. Unit Agreement Nome
2. Name of Operator		d. Farm or Lease Nume
Amoco Production Comp	Tankersley	
3. Address of Operator	9. Well No.	
P. O. Box 68, Hobbs		
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERH	Vada Penn	
	10N 30 TOWNSHIP 9-S RANGE 34-E	
THEFT INTERNET	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	4290.5' GL	Lea
	Appropriate Box To Indicate Nature of Notice, Rep NTENTION TO: SUB	ort or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDCH	ALTERING CASING
TIMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT .	F
	OTHER	
OTHER		

17. Describe Proposed of Completes Operations (Clearly state all perfinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to revise the procedure to clean out wellbore and acidize to restore production. (NMOCD approval previously obtained for this work on 6-23-80). Fish pump and rods. Inspect and replace as necessary. Release tubing anchor. Tag bottom to verify plug back depth and fill. Inspect tubing. Hot oil and replace components as necessary. Run 2-7/8" workstring and treating packer with 2 joints of tailpipe. Land tailpipe at 9816' and set packer. Acidize perfs 9804-16' with 2000 gal. 15% NEFE HCL mixed with 200 gal. Nalco Visco-1176 at 1-2 BPM. Flush to perfs with 50 bbl. 2% KCL water. Swab back load. Run tubing, seating nipple, and tubing anchor. Land sand at 9820'. Run rods and pump. Return well to production.

0+4-NMOCD,	Н
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1-Hou 1-Susp

1-CLF

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

Anthe Cathy L. Forman	TITLE	Assist. Admin. Analyst	DATE_	12-8	-81
Conditions of Approval, IF ANY:	TITLE	、	DATE _	DUC	