STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: LG-4904

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- Water Disposal

7. Unit Agreement Name:

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: North Baum SWDS

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

9. Well No.: 1

4. Location of Well: UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 13-S RANGE 33-E NMPM.

10. Field and Pool, or Wildcat: Und. Baum Upper Penn

15. Elevation (Show whether DF, RT, GR, etc.): 4287.3' GR

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Deepen well to increase injectivity [X]		OTHER [ ]	

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 deepen well to increase injectivity and reduce injection pressure as follows:

POH with injection equipment. Drill out to 10195'. Circulate hole clean and POH. RIH and perf 10090' - 10115' w/4 DPJ SPF using a 3⅛" gun. RIH with tailpipe, tbg, and pkr. to 10170' and spot 10 bbls 15% NEFE HCl acid w/add. Pull up and set pkr at 10050', pump 3000 gals of 15% NEFE HCl acid w/add. Flush acid w/250 bbls of produced water. Release pkr and POH. RIH with injection equipment, set pkr at 9841'. Return well to injection

OTS NMOCD, H 1-JRB 1-FJN 1-GCC

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

SIGNED Gary C. Clark TITLE Admin. Analyst DATE 4-11-85

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE APR 12 1985

CONDITIONS OF APPROVAL, IF ANY: