

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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|---|
| WELL API NO.<br><u>30 025 29128</u>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |

**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.)

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| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER   | 7. Lease Name or Unit Agreement Name<br><u>STATE DY #3</u>           |
| 2. Name of Operator<br><u>Amoco Production Company</u>   | 8. Well No. <u>3</u>   |
| 3. Address of Operator<br><u>P.O. Box 3092 Houston TX 77253</u>  | 9. Pool name or Wildcat<br><u>BAUM-UPPER PENN</u>                    |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>710</u> Feet From The <u>FNL</u> Line and <u>660</u> Feet From The <u>FWL</u> Line<br>Section <u>919</u> Township <u>13-S</u> Range <u>33-E</u> NMPM <u>LEA</u> County | 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>GL 4290</u> |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input checked="" type="checkbox"/>   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|   | OTHER: <input type="checkbox"/>                     |

12. 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.

MI AND RUSU. SWEDGED CASING FROM 6861 TO 6868 AND 6868 TO 7858 AND PRS TESTED TO 1500 PSI. SPOTTED 100 gals xylene AND 50 gals. A-SOL ACROSS PERFS. Acidize perfs with 2500 gals 15% HCL AND flush with 2% KCL.

BWD: 0 BOPD, 0 BWPD, 0 MCFD  
AWD: 246 BOPD, 9 BWPD, 135 MCFD

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

SIGNATURE Blake T. Steele TITLE Admin Analyst DATE 4-13-89  
TYPE OR PRINT NAME BLAKE STEELE TELEPHONE NO. 713-584-732

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

MAY 16 1989

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: