

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form 1-13
Revised 9-22
6-102 and 6-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fed <input checked="" type="checkbox"/>
5. 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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>DRY HOLE</u>		7. Unit Agreement Name
2. Name of Operator <u>Amoco Production Company</u>		8. Farm or Lease Name <u>SWEARINGEN "B"</u>
3. Address of Operator <u>BOX 68, HOBBS, N. M. 88240</u>		9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>20</u> TOWNSHIP <u>5-S</u> RANGE <u>33-E</u> NMPM.		10. Field and Pool, or Wildcat <u>UNDESIG. PENN</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4417' RDB</u>		12. County <u>ROOSEVELT</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

On 4-10-73 5 1/2" OD 14-17# J x K-55 Casing was set @ 7959' w/
225 Sx. Class H. Plus 3/4 of 1% CFR-2. Tested casing w/ 2000 psi
for 30 min. Test O.K. after woc appx 48 hours performed
intervals 7762-68, 70'-80' w/ 2JSPF. Acidized w/ 300 gal 15%
LSTNE. Evaluated.

Recovered load. Swat OBO + 152 BW 7 Hrs. Slight show of Gas.

Completed as a Dry Hole and shut-in 4-18-73. To remain
in shut-in status pending further evaluation and
possible use as a disposal well.

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE APR 19 1973

APPROVED BY 012. NMOC-C-W TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
1-DIV
1-SUSP
1-RRY