

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 12-1-77

|                        |  |
|------------------------|--|
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|                                                                        |
|------------------------------------------------------------------------|
| 5a. Indicate Type of Lease                                             |
| State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.                                           |
| L-3556                                                                 |

SUNDY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PRODUCTION OF OIL OR GAS FROM A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO PRODUCE OIL OR GAS FROM A DIFFERENT RESERVOIR.)

|                                                                                                                                                                                                           |                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                          | 7. Unit Agreement Name                                                                                                                |
| 2. Name of Operator<br>Amoco Production Company                                                                                                                                                           | 8. Form of Lease Name<br>State FU                                                                                                     |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, New Mexico 88240                                                                                                                                           | 9. Well No.<br>1                                                                                                                      |
| 4. Location of well<br>UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Airstrip Upper Bone Spring<br>Airstrip Wolfcamp<br><i>Airstrip - Bone Spring</i><br><i>R-6253-A</i> |
| 11. Elevation (Show whether LF, RT, GR, etc.)<br>3986' RDB                                                                                                                                                | 12. County<br>Lea                                                                                                                     |

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

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            |

SUBSEQUENT REPORT OF:

|                                                     |                                                          |
|-----------------------------------------------------|----------------------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>                 |
| COMMENCE DRILLING OPS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>            |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <u>acidize</u> <input checked="" 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 1105.

Pulled rods, pump, + tbg. anchor, and tbg. Ran 4" csg. gun and perfed 11082'-11116' w/2SPF. POH and ran HDCH pkr, 2-3/8" seating nipple, and 2-3/8" tbg. Set pkr. at 11054' and swabbed for 4 hrs., recovered 4 BLO and 5 BLW with no show of gas. Ran base temp survey and acidized (the interval 11082-11116) with 3000 gals of 15% HCl w/add. All acid tagged with RA material POH with tbg. and pkr. Ran pkr., seating nipple, and tbg. Tested tbg. and set pkr at 11122'. Spotted 6 bbls of 15% HCl acid, pulled tbg. and set pkr. at 10962'. Pumped 3000 gals of 15% HCl acid w/add., tagged with RA material. Flushed with 51 bbls cut brine. Ran after treatment survey and began swab testing. Swab tested for 4 days, last 14 hrs. recovered 193 BNW. Pulled tbg. and pkr. and ran CIBP, set at 10800'. POH with wire line tools and ran tbg., tbg. anchor, and seating nipple. Seating nipple landed at 10663' and anchor set at 10420'. Nippled up BOP and ran pump and rods. Pressure tested pump to 500 psi, tested OK. Moved off service unit and returned well to production.

0+5-NMOCD,H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC  
1-Bass 1-Mesa 1-Pacific 1-Southland 1-Texas Eastern

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

SIGNED Mary C. Clark TITLE Assist. Admin. Analyst DATE May 29, 1984

ORIGINAL SIGNED BY EDWARD SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

DATE MAY 31 1984

CONDITIONS OF APPROVAL, IF ANY:

MAY 29 1984  
O.C.D.  
HOBBS OFFICE