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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
5380-55

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
AMOCO PRODUCTION COMPANY

Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240

Location of Well

UNIT LETTER **A** **660** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **East** LINE, SECTION **16** TOWNSHIP **19-S** RANGE **32-E** N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
State DR

9. Well No.
3

10. Field and Pool, or Wildcat
East Lusk Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.)
3653.3' RDB

12. County
Lea

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

SUBSEQUENT REPORT OF:

REFORM REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐
REPAIR OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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 perforate additional Wolfcamp pay, also acidize and scale squeeze per the following:
Hot water well with 75 BBLs of 2% KCL fresh water containing 25 gals of WA-3034 MISC and kill well with 2% KCL fresh water. POH with rods, pump, and tubing. Perforate the Wolfcamp intervals 10,530-538', 10,608-614', and 10,634-654' with 4 JSDF at 90° or 120° phasing. RIH with pinpoint injection packer with 5' spacing. Treat each 5' interval with 50 gals 35/65 mixture of A-Sol and 15% HCL followed by 100 gals of 15% HCL with additives for the following intervals: 10774-769, 10767-762', 10754-749', 10749-744, 10744-739, 10737-10732, 10,719-714 (over) 045-NMOC, H 1-JRB, 1-EJN, 1-CMH

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
CO Charles M. Lanning TITLE Administrative Analyst (SG) DATE 6-12-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE **JUN 14 1985**

10,714-709'. Treat the following perforations with 500 gallons 15% HCL with additive per interval: 10654-649', 10649-10644', 10644-639', 10639-634', 10613-608', 10536-531'. RIT with original production equipment (same as pulled). Return well to production. After well has recovered its load volume, proceed with scale squeeze (2 drums of WA-825 in 35 Bbls of fresh water). Place well back on production.

RECEIVED

JUN 13 1985

HOOD OFFICE