

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
ADDRESS	
DATE OF FILE	
OPERATOR	

5a. Indicate Type of Lease State ☒ For ☐
5. State Oil & Gas Lease No. B-2656

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 TO DRILL (C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State HF Com.
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER P 610 FEET FROM THE South LINE AND 610 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 18-S RANGE 38-E NMNM.	10. Field and Pool, or Wildcat Hobbs Drinkard
11. Elevation (Show whether DF, RT, GR, etc.) 3625.6 GL	12. County Lea

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	Perf and Acidize ☒

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.

Move in completion Unit 8-13-79. Tested casing with 1000# for 30 min. Test OK.
Ran correlation log. Perforated 6824'-6828', 6869'-6872', 6876'-6880', 6893'-6899', 6901'-6910', 6912'-6922' with 2 JSPF. Ran tubing, packer, and tailpipe to 6923'.
Spot 5 bbl. 15% NE acid across perfs. Raised tubing. Packer set at 6610'. Tailpipe at 6704'. Acidized with 6000 gal. 15% NE acid. Pulled tubing and packer. Ran retrievable bridge plug set at 6800'. Perforated 6701'-6712', 6716'-6720', 6730'-6735', 6740'-6744', 6763'-6766', 6767'-6772' with 2 JSPF. Ran packer and tubing set at 6520'. Acidized with 5500 gal. 15% NE acid. Pull packer, tubing, and bridge plug.
Currently flow testing.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 8-30-79

APPROVED BY Jerry Sexton TITLE Dist 1, Supv. DATE SEP 4 1979

CONDITIONS OF APPROVAL, IF ANY
O+4-NMOCD, H, 1-Hou, 1-Susp, 1-BD