STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: L-3556

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. OIL WELL [ ] GAS WELL [ ] OTHER- Salt Water Disposal

7. Unit Agreement Name:

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: Airstrip SWD System

3. Address of Operator: P. O. Box 68, Hobbs, NM 88240

9. Well No.: 1

4. Location of Well
UNIT LETTER E, 1780 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 25 TOWNSHIP 18-S RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Airstrip Bone Springs and Airstrip Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.): 3974.8' GR

12. County: Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER [ ]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER Recompletion to Wolfcamp [X]

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.

MISU 3-15-85 RIH and drilled out CIBP set at 10305'. Drilled out and cleaned out to 10786'. Acidized perfs 10766 - 10746 non-continuous with 3250 gals 15% HCL. POH, RIH with production equipment and set pkr at 9107'. Tested csg to 1000 psi for 30 min, OK. Commenced injection 3-22-85, 536 BWPD with TP VAC. Well is currently utilizing the Airstrip Bone Springs and Airstrip Wolfcamp injection intervals to dispose of salt water in accordance with NMOCD Order R-7518-B.

0+5 NMOCD, H 1-JRB 1-FJN 1-GCC

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

SIGNED Gary C. Clark TITLE Asst. Admin Analyst DATE 3-28-85

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE APR - 1 1985

CONDITIONS OF APPROVAL, IF ANY: