

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
L-3674	

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 - I" (FORM 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 HQ
3. Address of Operator P.O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. 4
4. Location of Well UNIT LETTER <u>N</u> <u>590</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>18-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Airstrip Bone Springs
11. Elevation (Show whether DF, RT, GR, etc.) 3981.7' GR	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 OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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 10-8-85. POH with production equipment. RIH with RBP and packer. Set RBP at 10,450' and packer at 10,006'. Acidized with 2000 gals 20% HCl acid, 10,000 gals 20% gel acid, and 24000 gals 40# X-link 2% KCl. Flushed with 74 BFW 2% KCl. Reset RBP at 10,150' and packer at 9106'. Acidized with 3000 gals 20% HCl acid, 21,000 gals gelled 20% HCl acid, and 48,000 gals 40# gel fresh water 2% KCl. Flushed with 62 BFW 2% KCl. Released packer and POH with tubing, packer, and RBP. Re-ran production equipment. Tubing landed at 10,378'. MISU 10-15-85 and pump tested. Operations completed 10/21/85.
PAWD: 190 BOPD, 72 BLWPD, 90 MCFD.

015 NMOC, H. LTR B L-FTN L-CMH L-MESA
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Charles M. Herring</u>	TITLE <u>Administrative Analyst (SG)</u>	DATE <u>10/23/85</u>
ORIGINAL SIGNED BY <u>ADMINISTRATOR</u>		
APPROVED BY <u>ADMINISTRATOR</u>	TITLE <u>ADMINISTRATOR</u>	DATE <u>OCT 25 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

OCT 2 - 1985

D. C. O.
HOBBS OFFICE