

OIL CONSERVATION DIVISION

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

Form O-103
Revised 10-1-73

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State ☒	Fee ☐
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State Oil & Gas Commission
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 TO DRILL (FORM O-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 N 590 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 26 TOWNSHIP 18-S RANGE 34-E N.M.P.M.

1. Unit Agreement Name

2. Form or Lease Name

3. Well No.

4. Field and Pool, or Wildcat

Airstrip Bone Springs

5. Elevation (Show whether DF, RT, GR, etc.)

3981.7'GR

6. County

Lea

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

FORM REMEDIAL WORK ☐
PERMANENTLY ABANDON ☐
OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

SUBSEQUENT REPORT OF:

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 pad acidize the Bone Springs as follows:
MISU and kill well with 2% KCL fresh water. ROH with production equipment. RIH with RBP and packer.
Set RBP at 10,500' and packer at 9500'. Pad acidize Lower Bone Springs perf with 10,000 gals of
gelled 20% HCL, 24,000 gals of 40# X-linked 2% KCL fresh water, and 3,000 gals 20% HCL
regular acid. Flush with 3100 gals 2% KCL fresh water. Reset RBP to 10,150' and reset packer to
9000'. Pad acidize Upper Bone Springs perf with 21,000 gals of gelled 20% HCL, 48,000 gals of 40#
X-linked 2% KCL fresh water, and 3,000 gals 20% regular HCL acid. Flush with 2600 gals of
2% KCL fresh water. ROH with RBP and packer. Re-run same production equipment as was pull-
ed. Return well to production.

DES NMOC.D.H. 1-JRB 1-FJN 1-CMH 1-Mesa

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

Jerry Sexton

TITLE Administrative Analyst (SG)

DATE 9-27-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

DATE OCT 1 - 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 30 1985

O.C.D.
HOBBS OFFICE