et. or contracticities OIL CONSERVATION DIVIS. JN DISTRIBUTION P. O. BOX 2088 SANTA RE SANTA FE, NEW MEXICO 37501 U.S.G.S. LAND OFFICE	. Forn C-103 Revised 10-1-		
DANTA PE P. O. BOX 2088 FILZ SANTA FE, NEW MEXICO 87501 U.S.G.S. LAND OFFICE			
VILZ SANTA FE, NEW MEXICO 37501	Revised 10-1-		
LAND OFFICE			
	Su. Indicate Type of Lease		
	State X Fee		
OPERATOR	5. State Oll & Gas Lease No. L-6939		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DATLE ON TO DEEPEN OF PLUG SACK TO A DIFFERENT RESERVOID. USE "APPLICATION FOR PERMIT -" (FORM S-1011 FOR DUCK PROPOSALS.)			
OIL GAS X WELL OTHER-	7. Unit Agreement Name		
Amoco Production Company	8. Farm or Lease Name		
3. Address of Operator	State IV		
·	9. Well No.		
P. O. Box 68, Hobbs, NM 88240	1		
1 P	10. Field and Pool, or Wildcat		
TEET FROM THE LINE AND FEET FROM THE LINE AND FEET FR	Wildcat Morrow		
THE LINE, SECTION TOWNSHIP RANGE SD-E HMP	* (()))))))))))))))))))))))))))))))))))		
38/32.9 GL	12. County Lea		
Check Appropriate Box To Indicate Nature of Notice, Report or C NOTICE OF INTENTION TO: SUBSEQUE	Other Data		
PERFORM REMEDIAL WORK	ALTERING CASING		
PULL OR ALTER CASING L	PLUG AND ABANDONMENT		
OTHER Change Zone (Drilling)			
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includin work) SEE RULE 1103.	a actimated data of the		
Propose to abandon the Atoka interval 11592'-11600' and test the St 11518'-11530'. Move in service unit and kill well with 2% KCL brin Pull tubing and packer. Run in hole with cement retainer and set a Establish injection rate at 1-2 BPM and squeeze interval 11592'-116 sacks class H cement with .4% Halad 9. WOC. Perforate Strawn inter 530' with 2 JSPF. Run in hole with tubing, packer, and tailpipe. at 11330' and land tailpipe at 11420'. Swab test well. If well wi acidize with 2500 gallons 7-1/2% MS acid and flush with 68 barrels water. Swab and flow test well.	e water. t 11565'. 00' with 50 val 11518'- Set packer		

0+4-NMOCD,H	1-HOU	1-Stafford	1 -H(DU				
Id. I hereby certify that the in			to the be	e of my k	nowledge and t	oclicf.		
AIGHED	I Ne	man	TITLE	Asst.	Admin. A	nalyst	DATE	28-82
CORIGINAL SI			TITLE				MA	Y 28 1982
CONDITIONS OF APPROVAL	IFANYI	-						