STATE OF NEW MEXICO			
ENERGY AND MINERALS DEPARTMENT	OIL CONSERV P. O. BO SANTA FE, NEV	Form C-103 Revised 10-1-75	
FILE U.S.Q.S. LAND OFFICE	SANTA FE, NE	MEXICO 87301	Sa. Indicate Type of Lesse State X Fre
OPERATOR			LG-1546
SUNDRY N 100 NOT USE THIS FORM FOR PROPOSI- USE "APPLICATION I	NOTICES AND REPORTS OF	N WELLS BACA TO A DIFFERENT RESERVOIR. JCH PROPOSALE.)	7, Unit Agreement Name
OIL CAB WELL C	OTHER-		8. Farm or Lease Hame
Amoco Production Co	mpany		State MX
J. Address of Operator D. O. Boy 69. Hobbs Now Moxico 88210			9. v.ell No.
P. O. Box 68, Hobbs, New Mexico 88240			10. Field and Pool, or Wildcat
UNIT LETTER D 660 FEET FROM THE North LINE AND 710 FEET			"" Scharb Bone Springs
THE West LINE, SECTION		H-S RANGE 35-E NM	
	15. Elevation (Show wheth 3783.	er DF, RT, GR, etc.) 3' GL	Lea
16. Check Apj NOTICE OF INTE	propriate Box To Indicate	Nature of Notice, Report or	Other Data ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING CONS.	PLUG AND ABANDONMENT
attempt Bone Spr	rings completion	OTHER	
17. Duscribe Proposed or Completed Opera work) SEE RULE 1103.	tions (Clearly state all pertinent d	etails, and give pertinent dates, inclu	ding estimated date of starting any proposed
Propose to abandon th	e Wolfcamp and attemp	ot completion in the Bon	e Springs per the following:
with a wireline set C intervals 9462'-9472' with 90° or 120° phas seating nipple on bot	CIBP at 10,250' and ca ' with 2 JSPF utilizir sing. RIH with 2-3/8'	ap with 35' cement. Per ng a 3-3/8" centralized ' tubing, packer, and 1 9370'. Swab test well.	plug at 10,575'. POH. RIH forate the Bone Springs hollow carrier casing gun jt. of tailpipe with a If well will not flow,
 b) Pump 1500 gals of c) Flush to perfs with 	ay /temperature survey f 15% NE HCL acid at 2 ith 40 bbls of brine. ent gamma ray/temperat	2-3 BPM. Tag all acid w	ith R/A material.
Swab back load and ev * NMOCD Order No. R-	/aluate production. -2589-C makes this loc	 cation orthodox´for a Sc	charb Bone Springs Completion
0+4-NMOCD,H 1-HOU F	₹.E.Odden,Rm. 21.150	1-F.J.Nash,HOU Rm 4.206	5 1-CMH
18.1 hereby certify that the information ob	erring Title	Administrative Analy	<u>/st6-17-83</u>
ORIGINAL SIGNED BY	JERRY SEXTON ERVISOR		DATE JUN 20 1983
CONDITIONS OF APPROVAL, IF ANYI			



--.
