ENERGY AND MINERALS DEPARTMENT			
NO. OF COFFEE ACCEIVED OIL (	CONSERVATION DIVISION		
DISTRIBUTION	P. O. BOX 2038		
SANTA FY SAN	NTA FE, NEW MEXICO 87501	Revised 10-1-7.	
FILZ U.3.0.5.		54. Indicate Type of Lease	
LAND OFFICE		State Fee X	
OPERATOR		S. State Off & Gas Lease No.	
SUNDRY NOTICES AND 100 NOT USE THIS FORM FUR PROPOSALS TO BAILL ON T USE "APPLICATION FOR PERMIT -" IF	D REPORTS ON WELLS TO DEFORM OF PLUG BACK TO A DIFFERENT RESERVOIR.		
L. OIL X GAS WELL OTHER-		7. Unit Agreement Name	
2. Name of Operator	8. Farm or Lease Name		
Amoco Production Company	<u>South Hobbs (GSA)</u> Unit		
1. Address of Operator		9. Well No.	
P. O. Box 68, Hobbs, New Mexico 88240		38	
4. Location of Well	10. Field and Pool, or Wildcat		
UNIT LETTER H 2205	Hobbs GSA		
East 3	19-S 8405 38-E		
THE LINE, SECTION	TOWNSHIP RANGE NM	~~ <i>()))))))))))))))))))))))))))))))))))</i>	
Silling States and State	12. County Lea		
16. Check Appropriate Box	To Indicate Nature of Notice, Report or	Other Data	
NOTICE OF INTENTION TO:		INT REPORT OF:	
PERFORM REMEDIAL WORK	G AND ABANDON	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING CHAI	NGE PLANS CASING TEST AND CEMENT JOB		
	OTHER		
OTHER			

Moved in service unit 8-12-82. Installed blowout preventer. Pulled tubing, cable, and pump. Set a cement retainer at 4104'. Cement squeezed with 100 sacks class C neat. Displaced tubing with 20 BFW. Stung out of retainer and circulated out remaining cement. Drilled out cement 4106'-08'. Drilled out retainer 4108'-09' and drilled out cement to 4200'. Jet washed open hole with 5500 gal 20# gelled brine water with 1#/gal 20/40 mesh sand. Displaced with 120 bbl fresh water. Acidized with 3000 gal 15% NE HCL. Flushed with 25 bbl fresh water. Ran 2-3/8" tubing and seating nipple, landing seating nipple at 4188'. Ran rods and pump. Pressure tested pump and tested okay. Moved out service unit 8-18-82. Pumped 4 BO, 132 BW,  $\neq$  2 MCF in 24 hrs. Returned well to production.

0+4-NMOCD,H 1-HOU 1-SUSP 1-CLF

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

NICHED Cathy L. Forman	TITLE	Assist. Admin. Analyst	DATE	9-17-82
ORIGINAL SIGNED BY	TITLE		₀ѧт€Ę	P 2 0 1982

RECEIVED SEP 201982 HOBAS OFFICE

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