

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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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.

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68, Hobbs, NM 88240

Location of Well

UNIT LETTER D 660 FEET FROM THE N LINE AND 735 FEET FROM

THE W LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

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

3628 RDB

12. County

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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 squeeze off water production from the top of the Blinebry (5738-44'). Pull pump, rods, tubing, and packer. Release retrievable bridge plug at 5770' and reset at 5820'. Dump 10' of sand on top of bridge plug. Run tubing and retainer. Set retainer at 5680'. Squeeze perforations 5738'-44' with 150 sacks of cement. Reverse excess cement out of tubing. Drill out cement retainer at 5680'. Test squeeze with 500 PSI. Circulate sand out and pull retrievable bridge plug at 5820'. Run tubing and packer with one joint of tailpipe. Set packer at 5810'. Acidize Blinebry with 3000 gals. 20% retarded NEFE-HCL acid at 3-4' BPM and a maximum surface treating pressure of 5000 PSI. Flush to perfs 150 bbls. of 2% KCL water. Flow back load and evaluate productivity.

0+4-NMOCD, H 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Forman

TITLE Assist. Admin. Analyst

DATE 9-25-81

Orig. Signed by

Jerry Sexton

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, Dist. 1, Supv.