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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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Watkins B Gas Com.
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>20-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat Und. West Osudo Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3673.8 GL	12. County Lea

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <u>Open hole complete</u> <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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 go in hole with 3-5/8" bit to 13500' and clean out hole. Run tailpipe to 13055' and set packer at 9900'. Perforate Morrow intervals 13169-73', 13177-92', 13207'-10', and 13397'-423' with 2 JSPF. Acidize with 6500 gallons of 7-1/2% MS acid and 300 lbs rock salt as a diverter and flush with 4000 gallons of 2% KCL water. Flow test well.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

SIGNED Mack Freeman TITLE Assist. Admin. Analyst DATE 11-18-81

Orig. Signed by  
Jerry Sexton  
APPROVED BY Dick L. Sney TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: