w. af torics settings	OIL CONSER	VATION DIVISION		
DISTRIBUTION		. BOX 2088		Form C-100
SANTA FE		NEW MEXICO 87501		Revised 10-1-7:
FILE			Sc. Indicate	Type of Leise
LAND OFFICE			Stote	
OPEGATOR				6 viss Lease tio.
	•		L-69	
SUNDRY	NOTICES AND REPORT	S ON WELLS	77777	MIMMIN
100 NOT USE THIS FORM FOR PROFESALS TO PAILE ON TO CELEPTH OF PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROFESALS.)			• []]]]]	
			7, Unit Agri	rement Name
WELL WELL A	0THER-		-	
				Lease Name
AMOCO PRODUCTION COMPANY			State	
J. Address of Operator				
P. O. Box 68, Hobbs, NM 88240				
			1	nd Pool, er Wildeat
UNIT LETTER K 1	980 FEET FROM THE 30	Uth 1980	FLET FROM WILDCA	t Bone Springs
	10			
THE WEST LINE, SECTION	TOWHSHIP	20-S 35-E	нмрм.	
mmmmmmm				MANIT
15. Elevation (Show whether DF, RT, GR, etc.) 3654 ' GL			12. County	
		3054 GL	Lea	
Check A		ate Nature of Notice, Repo	rt or Other Data	
NOTICE OF IN	TENTION TO:	SUBS	EQUENT REPORT	OF:
(L)	X			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		Ц ,	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING CONS.		LUG AND ABANDONNENT
PULL OR ALTER CASING	CHANSE PLANS	CASING TEST AND CEMENT JOE		<u> </u>
		OTHER		
OTHER				
		nt details, and give pertinent dates.		

Move in service unit, release packer, POH with tubing and packer. RIH with cement retainer on wireline and set at 10,642'. POH with wireline. RIH with 2-3/8" tubing and sting into retainer. Establish injection rate with brine water and squeeze with 100 sx class H low fluid loss cement. Pressure up on backside. Sting out of retainer, pick up 1' and reverse out excess cement, POH. RIH with 3-1/8" casing gun and perforate the interval 10592'-10625' with 4 JSPF. RIH with 1 jt. 2-3/8" tailpipe, packer, bypass vave, and 2-3/8" tubing to surface. Land tailpipe at 10500' and set packer. SWab test and evaluate. Run before treatment GR/Temp. survey. Acidize with 2000 gals 15% NEFE HCL acid with additives. Tag acid with R/A material. Flush with 1800 gals brine water. Run after treatment Gr/Temperature survey. Swab test to load and evaluate.

0+5-NMOCD,H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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10.1 hereby curtify that the information above is true and comple	te to the best of my knowledge and belief.	
·ICHED Hary C. Clark	Assist. Admin. Analyst	DATE 4-12-84
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUFERVISOR CONDITIONE OF APPROVAL, IF ANY:	TITLE	<u>APR 1 2 1984</u>