STATE OF NEW MEXICO			
OIL CONSERVATION DIVISION P. O. BOX 2088			
SANTA FE SANTA FE, NEW MEXICO 87501	Form C-103 Revised 10-1		
U.3.G.3,	54. Indicate Type of Lease		
LAND OFFICE	State Fee		
	5. State Oll & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DAILL ON TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 1.			
OIL GAS CONTRA-	7. Unit Agreement Nume		
2. Name of Operator Amoco Production Company	8. Farm or Lease Name		
3. Address of Operator	McKinley		
P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 20		
UNIT LETTERF 1785 FEET FROM THE NORTH LINE AND 1810 FEET FROM	10. Field and Pool, or Wildcat Bowers Seven River		
THE West LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.) 3621.1	12. County Lea		
Check Appropriate Box To Indicate Nature of Notice, Report or Oth NOTICE OF INTENTION TO: SUBSEQUENT	er Data		
PERFORM REMEDIAL WORX PLUG AND ABANDON REMEDIAL WORK TEMPORANILY AJANOON COMMENCE DRILLING OPNS. PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	ALTERING CASING		
OTHER			
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including e work) SEE RULE 1103.	stimated date of starting any propos-		
Moved in service unit 3-2-82 (Cobra #3). Ran bit and tubing. Tagg total depth at 3352'. Raised bit to 3342'. Displaced casing with water. Raised bit to 3230' and spotted 210 gallons 10% acetic acid 3230'-3110'. Pulled tubing and bit. Perforated intervals 3117'-21 3173'-80', and 3209'-22' with 4 JSPF. Ran tubing and packer. Pack and tubing landed at 3030'. Acidized with 2600 gallons 15% HCL, 144 ASOL, 450 lbs. rock salt, and 300 gallons of 30 lb. gelled fresh wa with 20 BB1 of 2% KCL fresh water. Pulled tubing and packer. Ran tubing anchor. Anchor set at 3073'. Moved out service unit 3-4-82 unit and started pump testing. Pump tested 168 hours. Recovered 80 Currently pump testing.	2% KCL fresh across interval ', 3142'-46', er set at 3002' 00 gallons ter. Flushed tubing and		

I	0+4-NMOCD,H	1-Hou	1-W.	Stafford,	Hou	1-DMF			
ld. I hereby	y certify that the info	rmation above is	true and co	omplete to the be	st of my kr	nowledge and bei	ief.		
	11/art 2	Tremo	~	TITLE	Assist	. Admin. Ar	alyst	DATE	3-16-82
CONDITION	10004	SIGNED BY SEXTON		TITLE				DATE	AR 1 8 1982

RECEIVED

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OLC D. Koðas ofrice