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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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name Best "B"
3. Address of Operator P.O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1780</u> FEET FROM THE <u>East</u> LINE, SECTION <u>23</u> TOWNSHIP <u>20-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Undes. Bone Springs</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3675.5' GR</u>	12. County <u>Lea</u>

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Recompletion attempt.</u> <input checked="" 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 1703.

MISU 7-30-85. POH with rods, pump, and tubing. Ran CIBP and set at 11,300'. Capped CIBP with 35' Class H cement. Perforated Bone Springs interval 9832-40' and 9790-9814' with 4SPF. RITH with tubing and packer. Set packer at 9687' and swabbed 3 hrs. Acidized with 4000 gals 15% NE HCl and 238 ball sealers. Swabbed 19 1/2 hrs recovered all water. Ran tubing, rods, and pump. MOSU 8-13-85. Pump tested 11 days. Last 24 hrs, recovered OBD, 542 BW, and OMC. Shut-in pending recompletion to Queen Formation

075NMOCB, Hobbs 1-JRB 1-FJN 1-CMM 1-Mobil

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

SIGNED Charles M. Serrano TITLE Administrative Analyst (SG) DATE 10/25/85

ORIGINALLY SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 29 1985

CONDITIONS OF APPROVAL, IF ANY: