

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

C.L. CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT 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 Gas Com
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER P 840 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 20-S RANGE 35-E NMPM.		10. Field and Pool, or Wildcat Und. Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3670.9' GL		12. County Lea

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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER change zones <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input 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 abandon the Wolfcamp formation and attempt completion in the Bone Springs formation per the following:

Move in and rig up service unit. Load well as needed. POH with tubing and packer. RIH with CIBP and set at 11,250' to abandon the Wolfcamp. Cap with 35' of cement. RIH with 3-3/8" hollow carrier casing gun and perforate the Bone Springs intervals 10,754'-10,760' and 10,780'-10,788' with 4 JSPF at 90° or 120° phasing. RIH with 3 jts. of 2-3/8" tailpipe, packer, and 2-3/8" tubing to surface. Land tailpipe at 10,650' and set packer. Swab test to reduce fluid level and evaluate. If well fails to flow, proceed with following acid stimulation. Run base GR/temp. survey. Acidize the Bone Springs with 2000 gals of 15% NEFE HCL acid containing 2 gal. of corrosion inhibitor, R/A material and 20 gals. of Checker-Sol. Run after job GR/Temp. survey. Swab test to recover load and evaluate. If well flows, kill well and POH. If zone is productive, RIH with a RBP and set at 10,000' and cap with 10' of sand. If zone is not productive, RIH with CIBP and set at 10,000' to abandon Lower zone. POH. RIH with a 3-3/8" hollow carrier casing gun and perforate the Bone Springs intervals 9744'-9754', 9774'-9780', 9785'-9792', 9802'-9805', 9810'-9814', 9815'-9819', and 9829'-9832' with 4 JSPF at 90° or 120° phasing. POH. RIH with retrieving head (if RBP was set), 3 jts. of 2-3/8" tailpipe, packer, and 2-3/8" tubing to surface. Land tailpipe at 9650' 0+4-NMOC, H 1-HOU, R. E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm 4.206 1-CMH 1-Superior, MI

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

SIGNED Charles M. Herring TITLE Administrative Analyst DATE 10-11-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

OCT 12 1983

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

and set packer. Swab test to reduce fluid level and evaluate. If well fails to flow, proceed with following acid job. Run base GR/Temp survey. Acidize with 4200 gal of 15% NEFE HCL acid containing 4 gals. of corrosion inhibitor, RA material and 42 gal of Checker-Sol. Run after treatment GR/Temp survey. Swab test to recover load and evaluate.

RECEIVED
OCT 11 1983
O.C.S.
MOBIS OFFICE