

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |  |
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OIL CONSERVATION DIVISION  
P. O. BOX 2086  
SANTA FE, NEW MEXICO 87501

Form O-103  
Revised 10-1-77

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| 1a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br>LG-1437                                                              |

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CELEPH OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT TO DRILL (FORM O-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<br>Amoco Production Company                                                                                                                                                            | 8. Term of Lease Name<br>State NO                      |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, New Mexico 88240                                                                                                                                            | 9. Well No.<br>1                                       |
| 4. Location of Well<br>UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>19-S</u> RANGE <u>36-E</u> N.M.P.M. | 10. Field and Pool, or Wildcat<br>Wildcat Bone Springs |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3817.53' GL                                                                                                                                               | 12. County<br>Lea                                      |

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

OTHER Test new Bone Springs interval ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPER. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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 test the Bone Springs interval as follows:

Kill well with 2% KCl fresh water and POH with tbq. and pkr. RIH with CIBP, set at 10,100' and cap with 35' cmt., POH. RIH with 3-1/8" hollow carrier casing gun and perf Bone Springs intervals 9166-86', 9212-20', and 9227-57' w/4DPJSPF. RIH with pkr., unloader, and 2-7/8" tbq. to surface, set pkr. at 9050'. Swab test and evaluate. Run base GR/temp survey. Acidize with 5800 gals of 15% NEFE HCl acid tagged with I 131 RA material. Flush to perfs with 2300 gals of 2% KCl clean fresh water. Run after acid GR/temp survey. Swab to recover load and evaluate.

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

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

SIGNED *Harry C. Clark* TITLE Assist. Admin. Analyst DATE 5-31-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE MAY 31 1984

RECEIVED

MAY 31 1984

O.C.D.  
HOBBS OFFICE