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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-1437

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - FORM C-101 FOR SUCH PROPOSALS.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name State NO
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM 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 Wildcat Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3817.53' GL	12. County Lea

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 and test the Bone Springs as follows:
Pull rods, release packer set at 10556' and POH with tubing and packer. RIH with CIBP, set at 10520' and cap with 35' of class C neat cement. Perforate Bone Springs intervals 10276'-10338' w/4 SPF. Run tubing, packer, and unloader. Land tubing at 10150'. Swab test and evaluate. Run base GR/Temperature survey from PBTD to 10000'. Spot 5 bbl of 15% NEFE HCL across perfs 10276'-10338'. Raise tubing and set packer at 10150'. Acidize 10276'-10338' w/6200 gal of 15% NEFE HCL tagged with RA material. Flush acid to perfs with 63 bbl of clean 2% KCL fresh. Run after treatment GR/Temp. survey. Swab and evaluate.

0+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 Mary C. Clark TITLE Assist. Admin. Analyst DATE 5-14-84

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE MAY 14 1984
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 14 1984

O.C.D.
HOBBS OFFICE