

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29892
5. Indicate Type of Lease STATE ☒ FEE ☐
6. 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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amaco Production Company

3. Address of Operator
P.O. Box 3092 Houston, Tx 77253

4. Well Location SL/BHL

Unit Letter C/B : 1091/490 Feet From The North Line and 2411/2580 Feet From The West/East Line

Section 4 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3610.6

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data.

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Squeeze Zone I, perf zones II & III ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Set CIBP at 4115' & CMT retainer at 4050'
Squeeze Zone I perfs (4070'-4106') using 50 sx class 'C' CMT mixed w/4#
per sack Tuff plug, followed by 50 sx class 'C' CMT
Drill out CMT, test squeeze, clean out to 4340'
perf from 4130-50, 4180-4220, 4228-44, 4250-26, 4284-4308, 4316-32
w/4 ISPF At 90° Phasing. Correlate to Gearhart Den New Log
dated 6-17-87.
Acidize perfs w/50 gal/Ft 20% HCL using PPI packer at 2' spacing
(100 gal per setting) Total Acid-7100 gal
Flush w/wtr - return to production

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

SIGNATURE Matthew C. Wines TITLE Administrative Analyst DATE 9/13/90

TYPE OR PRINT NAME Matthew C. Wines

TELEPHONE NO. (73) 556-374

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
AS DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 14 1990

CCF
HOSPITAL OFFICE