

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 2038
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-06882

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Turner

8. Well No.
003

9. Pool name or Wildcat
Paddock

SLNDRY 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
Amoco Production Company

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

4. Well Location

Unit Letter P : 560 Feet From The South Line and 760 Feet From The E Line

Section 29 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3477' DF

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: ☐

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.

MIRUSU, Pull production equipment.

Set packer at 5050' & establish injection rate. Release packer & pull out of hole.

Set cement retainer at 5050'. Cement Squeeze perfs (5142' - 5160') with 50 sx Class "C" cement. Pull out retainer. WOC.

Drill out to 5175', pressure test cement plug, clean with 2% KCL water.

Perforate from 5142' - 5160' using McC 11ough GR-CCL Log, dated 8/17/87 for depth correlation.

Spot acid from 5100' - 5160', set packer at approx. 5000'. Acidize perfs (5142'-5160') with 500 gal 15% NeFe HCL at 2 BPM, flush with 2% KCL water.

Swab, test, release packer & pull out of hole.

Run production equipment.

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 3/23/90

TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/ 556-3744

(This space for State Use)

Orig. Stamp
14
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MAR 27 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: