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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [ ] Fee [X]

5. 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.)

7. Unit Agreement Name

OIL WELL [X] GAS WELL [ ] OTHER-

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
Cone B

3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

9. Well No.
2

4. Location of Well
UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM

10. Field and Pool, or Wildcat
House Drinkard

THE East LINE, SECTION 12 TOWNSHIP 20-S RANGE 38-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3568' 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	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
				OTHER			[ ]
OTHER	[ ]						

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 open additional oil pay due to the depletion of the gas pay of the Drinkard. Will use the following procedure:

Pull tubing. Perforate 6984'-93', 7001'-07', and 7012'-37' with 2 JSPF. Run tubing, packer, and retrievable bridge plug. Bridge plug set at 7045'. Packer set at 6850'. Acidize with 2100 gal 15% LSTNE HCL acid. Swab back load. Pull packer. Run tubing, rods, and pump. Evaluate performance. Frac with 30,000 frac fluid with 49,750# 20/40 sand and 400# rock salt in 800 gal 40# gelled brine. Flush with 50 bbl 30# gelled fresh water. Run tubing to 7080'. Swab back load and pump to evaluate.

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

SIGNED B O Davis TITLE Assistant Admin. Analyst DATE 11-19-79

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist 1, Supv. DATE NOV 21 1979

CONDITIONS OF APPROVAL, IF ANY:
O+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD