ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVIS. .N

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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.)

1.
OIL WELL [XX]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator

Amoco Production Company

8. Farm or Lease Name

Southland Royalty A

3. Address of Operator

P. O. Box 68,   Hobbs, NM 88240

9. Well No.

1

4. Location of Well

UNIT LETTER ___G___ , ___1980___ FEET FROM THE ___North___ LINE AND ___1980___ FEET FROM

THE ___East___ LINE, SECTION ___9___ TOWNSHIP ___21-S___ RANGE ___37-E___ N.M.P.M.

10. Field and Pool, or Wildcat

Wildcat Fusselman

15. Elevation (Show whether DF, RT, GR, etc.)

3488 GL

12. County

Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]

OTHER _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB [X]

OTHER _____

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propo.
work) SEE RULE 1103.

Ran 4-1/2" 11.6 lb/ft K-55 liner set at 6999'. Top of liner at 6385'. Cemented with
144 sacks Class H with 1/4 lb. flocele per sack. WOC 18 hrs. Drilled out cement to
6930'. Tested liner to 1500 PSI for 30 min. Tested OK. Perforated intervals 6822-28'
and 6834'-43' with 4 JSPF. Packer set at 6743' and tubing landed at 6774'. Acidized
with 1000 gal. 15% NE flushed with 42 barrels 2% KCL water. Moved out service unit
1-12-82. Currently flow testing.

0+4-NMOCD, H   1-Hou   1-Susp   1-W. Stafford, Hou   1-DMF

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

SIGNED _Mark Freeman_   TITLE _Assist. Admin. Analyst_   DATE _1-18-82_

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: