| STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE U.S.O.S. CAND OFFICE OPERATOR | Form C-103 Revised 10-1-70 Sa. Indicate Type of Lease State X Fue S. State Off & Gas Lease No. F-218 |
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| SUMDRY NOTICES AND REPORTS ON WELLS 100 HOT USE THIS YOUN FOR THOMALS TO BRILL ON TO ECTION OF A DUS SACH TO A DIFFERENT RESERVOIR. USE TAPPELICATION FOR PERMIT - " FORMIC C-UCIT FOR NUCH PROPOSALS.) | ANNINI MARKA |
| 1. OIL X GAS OTHER- | 7. Unit Agreement Name |
| Amoco Production Company | d. Form or Lease Name |
| P. O. Box 68, Hobbs, New Mexico 88240 | State C Tr. 11 |
| 4. Location of Well UNIT LETTER W 810 FEET FROM THE South LINE AND 1980 FEET FROM | 8 U. Field and Pool, or Weidcat |
| | MUMMINICTURE |
| THE East LINE. SECTION 2 TOWNSHIP 21-S RANGE 36-E | |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3578.6 RDB | 12. County Lea |
| Check Appropriate Box To Indicate Nature of Notice, Report or Ot NOTICE OF INTENTION TO: | her Daia T REPORT OF: |
| PERPORM REMEDIAL WORK NEMEDIAL W | ALTERING CASING |
| 17. Describe Processed or Completed Operations (Clearly state ail pertinent details, and give pertinent dates, including work) SEE RULE 1103. | g estimated date of starting any proposed |
| Moved in service unit 3-27-82. Pulled rods, pump, and tubing. Loaded hole with 180 bbl 10# 2% KCL water and cleaned out 6225'-6307'. Ran 3 joints 2-7/8" tubing as tailpipe, packer and 2-7/8" tubing. Packer set at 5665' and tubing landed at 5748'. Pumped 4200 gal 20% NE HCL with additives and 1500 gal ASOL. Flushed with 55 bbl 2% KCL water. Pulled tubing, packer, ard tailpipe. Ran 2-7/8" tubing and seating nipple. Landed seating nipple at 6241'. Installed production equipment. Moved out service unit 3-31-82. Pump tested and pumped 435 BO, 1386 BW, and 6 MCF in 144. Performed scale inhibitor squeeze. Pumped 110 gal WA 825 mixedin 50 bbls water. Flushed with 400 bbl 2% KCL water. Pump tested for 264 hrs. and pumped 65 BO, 450 BLW, and 1390 BW. Returned well to production. | |
| 0+4-NMOCD,H 1-HOU 1-SUSP 1-CLF | · |
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| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| Cathy L. Arman Assist. Admin. Analyst | 8-18-82- |
| ONE CONTRACTOR OF CONTRACTOR | AUG 20 1982 |
| CONDITIONS OF APPROVAL, IF ANYING A | DATE |