STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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| LAND OFFICE | |
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5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: F-218

## 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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State C Tr. 11

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

9. Well No.: 11

4. Location of Well: UNIT LETTER X, 510 FEET FROM THE South LINE AND 560 FEET FROM

10. Field and Pool, or Wildcat: Wildcat Drinkard

THE East LINE, SECTION 2 TOWNSHIP 21-S RANGE 36-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3523.9 GL

12. County: Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
OTHER Perf, acidized and frac [X]

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.

Moved in service unit 10-26-79. Ran and set a retreivable bridge plug at 6220'. Capped with 10' of sand. Perforated 5800'-5808', 5848'-5853', 5952'-5962', 6104'-6108', 6172'-6178' with 2 JSPF. Ran tubing packer and tailpipe. Packer set at 6180'. Acidized with 4800 gal 15% NE acid. Fraced 5800'-6178' with 45000 gal Titan II 30 and 52,500# 20/40 sand and 1300# 10/20 sand and additives and rock salt and Benzoic acid chips. Currently swab testing. Will file for Dual Completion in Drinkard and Blinebry.

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

SIGNED Bob Lewis TITLE Assist. Admin. Analyst DATE 11-8-79

NOV 14 1979

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

CONDITIONS OF APPROVAL, IF ANY:

0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD