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5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-6439

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER K 1980 South 1980 West 32 21-S 33-E THE LINE, SECTION TOWNSHIP RANGE NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 12. County Lea	7. Unit Agreement Name 8. Farm or Lease Name State LT 9. Well No. 1 10. Fluid and Pool, or Wildcat Wildcat Bone Springs
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>

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 1-18-82 (X-Pert #2). Killed well and installed BOP. Pulled 2-3/8" tubing, packer, and tailpipe. Ran 2-7/8" tubing and packer. Tested tubing to 8000 PSI above slips. Packer set at 9169'. Fraced with 27000 gallons 40# gel, 9000 gallons CO2, and 68000 lbs. 20/40 sand. Flowed well on 32/64 choke 13-hours recovered show of oil and 6 ft. flare. Swab tested 18 hours recovered 32 B0. Moved out service unit 1-27-82. Currently pump 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 2-2-82
APPROVED BY Herry Sexton DATE 2-2-82
CONDITIONS OF APPROVAL, IF ANY: