STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTM	IENT					
H6. 87 CAPIEB BCCCIVED	OIL CONSERVATION DIVISION					
DISTRIBUTION	P. O. BOX 2088	Form C-103 -				
JANTA FE						
FILZ						
U.3.G.5,		Su. Indicate Type of Leuse				
LAND OFFICE		State State				
OPERATOR		S. State Oll & Gas Lease No.				
		<u>L-6439</u>				
(DO NOT USE THIS PORM FOR PULCA						
	7. Unit Agreement Name					
2. Name of Operator	8. Farm or Lease Nume					
Amoco Production Comp	State "LT"					
3. Address of Operator	9. Well No.					
P. O. Box 68, Hobbs	1					
4. Location of Well	10. Field and Pool, or Wildcat					
UNIT LETTER	Wildcat Morrow					
THE West Line, sect	. жыры.					
	15. Elovation (Show whether DF, RT, GR, etc.) 3720.9' GL	Lea				
10. Chack	Appropriate Box To Indicate Nature of Notice, Report					
NOTICE OF		DUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING				
TEMPORARILY ABANDON	COMMENCE DRILLING OPHS.	PLUG AND ABANCONMENT				
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB					
OTHER	OTHER					
17. Describe Proposed or Completed (Deperations (Clearly state all pertinent details, and give pertinent dates, in	luding estimated date of statics any propose				

work) SEE RULE 1103.

Propose to complete the Bone Springs intervals 9480'-90' and 9275'-95'. Clean out to .9700' and circ. hole clean with brine water. Run gamma ray-correlation log and gamma ray temp. base log from 9700-8700'. Perf Bone Springs intervals 9480-90' and 9275'-95' with 2 DPJSPF. Run 9080' of 2-3/8" N-80 tubing. Test treat packer with seating nipple and 3 joints of tailpipe. Tailpipe at approx. 9170' and packer set at approx 9080'. Swab well down. Acidize with 5000 gals. of 20% HCL with additives as follows: (a) Pump 2450 gals. of 20% HCL acid; (b) Pump 1260 gals. of 20% HCL containing 2 ball sealers per bbl. until a total of 60 balls have been dropped; (c) Pump 1290 gals of 20% HCL acid; (d) Flush with 2450 gals of brine water; (e) Run after treatment gamma ray temp survey; and (f) Open up well and flow test well to evaluate productivity.

0+4-NMOCD, H

1-Hou 1-Susp

1-CLF

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

SIGNED Cat	hy	2. Forman	TITLE	Assist. Admin. Analyst	DATE	12-8-	81	
	у- ;				<u>.</u>		1. J. J.	
CONDITIONS OF		VICAL IF ANY:	TITLE_		DATE	`.		—
CONDITIONS OF	APP	ROVAL, IF ANTI						