NG. OF COPIES ACCEIVED				Form C+103 Supersedes Old	
DISTRIBUTION	<b></b>	-			
SANTA FE	NEW MEXIC	O OIL CONS	ERVATION COMMISSION	Effective 1-1-65	
FILC	<b> </b>			Sa. Indicate Type of Lease	
U.5.G.S.	<del>  </del>			State [X] Fee	7
LAND OFFICE				S. State Oil & Gas Lease No.	
OPERATOR	LJ			L-4523	
CIT	MUDA HULLICES VEID DE	UO 2 T Q O G	WELL S		12.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROCUSALS TO LIGHT OF TOTAL OF PICK FACE TO A OFFICER CHT RESERVOIR.  LIGHT MARTICLATION FOR PRINTING PROPERTY OF PROPERTY OF PROPERTY.					
1.				7. Unit Agreement Name	
°ill ☐ Sill 🖸	OTHER+				
2. Name of Operator				6. Form of Lease Name	
Amoco Production Cor	mpany			State IK	
3. Aldress of Operator				1	
P. O. Box 68 Hobbs, NM 88240				10. Field and Pool, or Wildeat	
4. Lecation of Well  UNIT LETTER C . 660 FERT FROM THE NORth LINE AND 1980 FEET FROM				Wildest Wolfesmo	
UNIT LETTER	DOU FERT FROM THE	<u>North</u>	LINE AND 198U FEET IF	1011 111111 100 100 100 100 100 100 100	11.
West Line Section 10 TOWNSHIP 23-S RANGE 33-E HMPM.					]]]
THE WEST LINE, SECTION TO TOWNSHIP 23-3 RANGE 33-E NAMPH.					
15. Elevation (Show whether DF, RT, GR, etc.)				. 12. County	
3590.6' GL				Lea	ZZ
16. Che	ck Appropriate Box To	Indicate N	lature of Notice, Report or (	Other Data	
	F INTENTION TO:			INT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND	MODHABA	HEMEDIAL WORK	ALTERING CASING	<u> </u>
TEMPORARILY ABANDON			COMMENCE DRILLING OPHS.	PLUG AND ABAHOONMENT	l
PULL ON ALTER CASING	CHANGE PL	ANS	CASING TEST AND CEMENT JOB		Г
			OTHER		ـــــا
OTHER	······································				
17. Describe Proposed of Complete work) SEE RULE 1103.	ed Operations (Clearly state all	pertinent det	rils, and give pertinent dates, includ	ing estimated date of starting any prope	scd
RATE ROLL 1105					
with 4 JSPF. Acidiz recovered small amou	zed with 6000 gal. l unt of oil and no ga HCL acid. Set a cas	5% HCL acts. Perfect iron b	d with 35' cement. Per cid with additives. Fl brated 12734'-12753' wi ridge plug at 12998' an	ow tested and th 4 JSPF. Acidized	
•				•	
			•		
0+4-NMOCD, H 1- 1-E1 Paso 1-Bear		1-LBG 1-L & I	1-W. Stafford, Hou M Walter 1-Supron	1-Superior 1-Crown 1-Central	
18. I hereby certify that the informa-	ation above is true and complet	e to the best o	of my knowledge and belief.		
/) /	()				
12 Enton	. Theer	TITLE A	ssist. Admin. Analyst	DAYE 12-12-80	~··
Orig. Sign	ed by				೬೪/೯.
Jerry Sext				DEC 15 1980	
APPROVED BY Dist L Su		TITLE		DATE	

CONDITIONS OF APPROVAL, IF ANYI