

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L-4704	

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 <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Amoco Production Company		8. Farm or Lease Name State GR
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>17</u> TOWNSHIP <u>26-S</u> RANGE <u>33-E</u> NMPM.		10. Field and Pool, or Wildcat Salada Draw Wolfcamp Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3267.9 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

Propose to squeeze perms 13872'-13917' per the following:  
Kill well. Pull tubing and packer. Run in hole with cement retainer and set at approximately 13700' in 5-1/2" liner. Pump 500 gallons 15% HCL through retainer. Obtain injection rate. Pump 200 sacks class H cement. WOC 18 hours. Drill out and test to 1000 PSI. Run tubing and packer and return to production.

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 2-16-82  
ORIGINAL SIGNED BY  
JESSE LEXYON  
APPROVED BY JESSE LEXYON TITLE JESSE LEXYON DATE FEB 19 1982  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 18 1992

HOUSE OFFICE