

**DISTRICT I**  
**P.O. Box 1980, Hobbs, NM 88240**

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

**P.O. Box 2088**  
**Santa Fe, New Mexico 87504-2088**

WELL API NO.		30-025-23748	
5. Indicate Type of Lease		STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.		NMJ-540	
7. Lease Name or Unit Agreement Name			
Eaton SW JH			
8. Well No.		11	
9. Pool name or Wildcat		11792	
0	Feet From The	West	Line
NMPM		Lea	County

## 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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		Eaton SW JH
2. Name of Operator ARCO Oil and Gas Company		3. Well No. 11
3. Address of Operator P.O. Box 1710 - Hobbs, New Mexico 88241-1710		4. Pool name or Wildcat <i>11792</i> <i>West Hobbs</i>
4. Well Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1750</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>25S</u> Range <u>37E</u> NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3091.2 GR		

## 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐  
 OTHER: \_\_\_\_\_ ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Scale Treatment ☒

12. 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.

11/04/92 - Pressure tubing to 300#, pump 1000 gallons 15% NEFE acid down casing w/50 Bbls 2% KCL water. Shut in one hour. Pump 46 Bbls SOC treatment and displace w/150 Bbls 2% KCL water. Shut well in overnight.

Treating pressure - vacuum @ 3 BPM.

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

SIGNATURE James D. Cogburn TITLE Operations Coordinator DATE 11/18/92  
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. (505) 391-1600

**(This space for State Use)**

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY                      TITLE                      DATE                     

**CONDITIONS OF APPROVAL, IF ANY:**

NOV 20 '92