

II. CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO

Form C-103
Revised 10-1-78

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LEADS OFFICE	
OPERATOR	1

AUG 24 1979

G. C. C. ARTESIA OFFICE

5a. Intestate: Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Form or Lease Name
Carter Gas Com.

9. Well No.
1

10. Field and Foot, or Wildcat
Und. Morrow

12. County
Eddy

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DRAIN OR PLUG BACK TO DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. Name of Operator
Amoco Production Company

2. Address of Operator
P. O. Box 68, Hobbs, NM 88240

3. Location of Well
UNIT LETTER J 1980 FLEET FROM THE South LINE AND 1980 FEET FROM East LINE, SECTION 18 TOWNSHIP 23-S RANGE 28-E UTM.

15. Elevation (Show whether DF, RT, GR, etc.)

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" 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.

Amended Report

On 7-28-79 MGF Drilling Co. (Rigg #22) spudded a 20" hole at 9:00 a.m. Drilled to a TD of 407' and ran 16" 84# casing set at 407'. Cemented with 500 SX Class C cement with 2% CACL. Plug down 8:30 p.m. 7-28-79. Circulated 50 SX. WOC 18 hrs. Tested casing with 600# for 30 min. Test OK. Reduced hole to 14-3/4" and resumed drilling.

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

SIGNED Larry Cox TITLE Administrative Supervisor DATE 8-22-79

APPROVED BY W. A. Gressitt TITLE SUPERVISOR, DISTRICT II DATE AUG 27 1979

CONDITIONS OF APPROVAL, IF ANY:
0+4-NMOCD,A; 1-Hou; 1-Susp; 1-BD