

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-8979

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 GAS WELL OTHER

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240

4. Location of Well
UNIT LETTER **E** **1654.3** FEET FROM THE **North** LINE AND **660** FEET FROM THE **West** LINE, SECTION **1** TOWNSHIP **18-S** RANGE **33-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
State CP

9. Well No.
2

10. Field and Pool, or Wildcat
und. FK Gates, 7-Rivers (Queen)

15. Elevation (Show whether DF, RT, GR, etc.)
4106' RDB

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING

TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING OTHER CASING TEST AND CEMENT JOBS

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.

MISU 10-4-85 and POH with rods, pump, and tubing. RIT with packer and work string. Set packer at 4021'. Fractured with 6000 gals 40# x-linked gel, 2000 gals gel with 1/2 ppg 100 mesh sand, 10,000 gals gel with 540 gals Diesel, 9000 gals 40# x-linked gel, and 25000# 20/40 sand. Flushed with 23 BBH gel. Flowed and swabbed back load. Released packer and POH. Re-ran rods, pump, and tubing. MISU 10/11/85. Pump tested. Currently evaluating production. Last 24 hrs recovered 530, OBW, OMC F.

0+5 NMOCD-H 1-JRB 1-FJN 1-CMH

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

SIGNED Charles M. Herrin TITLE Administrative Analyst (SG) DATE 11/4/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **NOV 6 - 1985**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

NOV 5 - 1985

CCB
MOBBS OFFICE