

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

3a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name Southland Royalty A
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 5
4. Location of Well UNIT LETTER Q 660 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE. SECTION 4 TOWNSHIP 21-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Blinebry/Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3483' 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
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING OTHER

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPHS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOBS
 OTHER downhole commingle

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.

On 11-28-83 mixed 110 gals of wellaid 825 in 80 bbl of BW. Pressure up tubing to 100 psi and pumped mixture via annulus at 1/2 BPM rate. Overflushed into formation with 225 bbl BW containing 15 gals of wellaid 315. Shut in for 24 hours. Start pump testing 11-30-83. Pumped 125 BO, 93 BLW, 184 BW and 342 MCF in 162 hours. Last 24 hours pumped 33 BO, 26 BW and 80 MCF. Returned to production.

O+4-NMOCD,H 1-HOU R. E. Ogden Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-SUSP 1-PJS
1-Petro Lewis

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

SIGNED Peter J. Serna

TITLE Assist. Admin. Analyst

DATE 1-27-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 1 1984

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 31 1984
O.C.D.
HCBSS OFFICE