

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
L-5166

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. Firm or Lease Name State IG Com
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of well UNIT LETTER <u>B</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>23-S</u> RANGE <u>32-E</u> NMPM.	10. Field and Pool, or wildcat Wildcat Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3664.0 GL	12. County Lea

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

Started pump testing 1-12-83. Pumped 212 hr. and recovered 4 BO, 2584 BW, and 0 MCF.
Shut-in pending evaluation of additional work.

0+4-NMOCD,H 1-HOU 1-W. Stafford, HOU 1-CMH 1-Gulf, Midland, 1-Getty 1-Sunmark

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

SIGNED Charles M. Herring TITLE Assist. Admin. Analyst DATE 2-10-83

APPROVED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE FEB 14 1983

CONDITIONS OF APPROVAL, IF ANY:

Ed Jones 2/14/84