

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. 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 OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  CO2 OTHER

2. Name of Operator  
Amoco Production Company

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

4. Location of Well  
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM  
THE West LINE, SECTION 32 TOWNSHIP 20-N RANGE 32-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name  
State KJ

9. Well No.  
1

10. Field and Pool, or Wildcat  
Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.)  
4690.1 GL

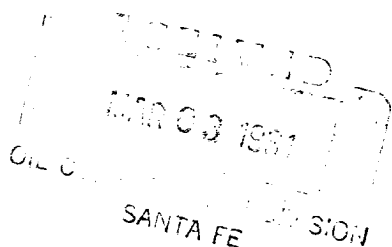
12. County  
Harding

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input 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 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.

Moved in completion unit 2-8-81. Perforated 2250'-57', 2260'-84', 2297'-2300', 2315'-17' 2323'-30', 2334'-42', 2354'-57' with 1 JSPF. Acidized with 2400 gal. 7-1/2% HCL acid. Flow tested thru a seperator for 120 hrs. at an average of 64 MCFD. Well shut-in 2-23-81.



0+2-NMOCD, SF 1-Hou 1-Susp 1-BD

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

SIGNED Bob Laws TITLE Admin. Analyst DATE 2-25-81

APPROVED BY Carl Ullvog TITLE SENIOR DEPARTMENT SUPERVISOR DATE 3/9/81

CONDITIONS OF APPROVAL, IF ANY: