STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		✓
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: L-6251

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 [X] CO_2 OTHER-

7. Unit Agreement Name:

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State FH

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

9. Well No.: 1

4. Location of Well: UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 22-N RANGE 34-E NMPM.

10. Field and Pool, or Wildcat: Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.): 4646 RDB

12. County: Union

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON [ ]	REMEDIAL WORK	[ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON	[ ]		COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB	[ ]	
OTHER	[ ]		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.

Propose to cement behind 4-1/2" production casing per the following procedure:

Kill well. Pull tubing and packer. Set a retrievable bridge plug at 1800' and cap with 10' of sand. Run pipe recovery log to determine cement top. Perforate 4-1/2" casing 20' above top of cement. Run tubing and packer. Set packer 300' above perfs. Establish circulation. Pump 16 bbls. colored dye. Pump sufficient Class C cement to circulate. WOC. Pull packer and bridge plug. Run packer and tubing.

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

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

SIGNED Bob Lairs TITLE Admin. Analyst DATE 10-6-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: