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

5a. Indicate Type of Lease
State For

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.)

OIL WELL GAS WELL OTHER

1. Name of Operator
Amoco Production Company

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

3. Location of Well
UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 19 TOWNSHIP 5-S RANGE 33-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Killion

9. Well No.
1

10. Field and Pool, or Wildcat
South Peterson Fusselman

15. Elevation (Show whether DF, RT, GR, etc.)
4413.1' GL

12. County
Roosevelt

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 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"/>
FULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

16. 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 service unit 11-13-80. Perforated 7738-7743' and 7746-7760' with 2 JSPF. Acidized with 1850 gal. NEFE HCL. Currently swab testing.

0+4-NMOCD, H 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou

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

SIGNED Benton Green TITLE Assist. Admin. Analyst DATE 12-9-80

APPROVED BY Jerry Sexton TITLE _____ DATE DEC 10 1980

CONDITIONS OF APPROVAL Dist. L. Supp.