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U.S.O.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
A-1573

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 OTHER

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P. O. BOX 68 HOBBS, NEW MEXICO 88240

4. Location of Well
UNIT LETTER *E* *1980* FEET FROM THE *North* LINE AND *1660* FEET FROM THE *West* LINE, SECTION *33* TOWNSHIP *18-S* RANGE *38-E* NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
State G

9. Well No.
5

10. Field and Pool, or Wildcat
Hobbs Paddock

11. Elevation (Show whether DF, RT, GR, etc.)
3657' RDB

12. County
Lea

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 JOB <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 1703.

*MISU 11-27-85 and POH rods and pump. Pumped 40 BBls 4% KCl 9" line down tubing and 65 BBls down casing. Pulled tubing and RIH w/ packer. Set packer at 5250' and acidized with 950 gals 5% HCl and 495 gals A-Sol. Flushed with 26 BW. Reran production equipment and tubing landed at 5440'. MISU 11-29-85 and pump tested. Operations completed 12-10-85.
PPWD: No Production (SI)
PAWD: 37 BOPD x 209 BOPD x 4 MCFD.*

0+5 NMOCD-H 1-JRB 1-FJN 1-CMH

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 *ADMINISTRATIVE ANALYST (SG)* DATE *12-11-85*

ORIGINAL SIGNED BY *JERRY SEXTON* DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *DEC 13 1985*

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DEC 12 1985
O.C.D.
HOBBS OFFICE