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SANTA FE	
FILE	
U.S.O.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 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, NM 88240

4. Location of Well
UNIT LETTER L 2026 FEET FROM THE South LINE AND 516 FEET FROM
THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3609.9 GI

7. Unit Agreement Name

8. Farm or Lease Name
Capps

9. Well No.
32

10. Field and Pool, or Wildcat
Und. Hobbs Drinkard

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"/>	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 OPS. <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"/>	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 service unit. Tested casing with 1000# for 30 min. Test OK. Perforated 6665'-68', 6720'-24', 6730'-35', 6760'-86', 6798'-6803', 6809'-25', 6828'-35', 6862'-68', 6903'-6908', 6914'-18', 6922'-32' with 2 JSPF. Ran tubing, packer, and tailpipe. Packer set at 6263'. Tailpipe at 6563'. Acidized with 15000 gal. gelled 15% HCL acid. Installed pump equipment and currently pump testing.

0+4-NMOCD, H 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 Davis TITLE Admin. Analyst DATE 6-11-80

APPROVED BY Orig. Signed By Jerry Sexton TITLE _____ DATE JUN 16 1980

CONDITIONS OF APPROVAL Dist. If Supt.