

NO. OF COPIES RECEIVED	
DISTRICT	
RANGE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

1. Lease Type of Lease
 State Free
 2. Lease Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR OPERATIONS THAT REQUIRE A PERMIT UNDER THE OIL CONSERVATION ACT OF 1973.)

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

5. Elevation (Show whether DE, RT, GR, etc.)
3609.9 GL

6. Well Agreement Date

7. Name of Lease Name
Capps

8. Well No.
32

9. Field and Post, or Wildcat
Und. Hobbs Drinkard

10. County
Lea

10. 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 OPER. <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 checked="" type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work) SEE RULE 1107.

Drilled to a TD of 4300' and ran 9-5/8" casing set at 4300'. Cemented with 1100 SX thrifty lite cement and 200 SX Class C cement. Plugged down 12:00 midnight 4-1-80. Circulated 170 SX. WOC 19 hours. Tested casing with 1000# for 30 min. Test OK. Reduced hole to 8-3/4" and resumed drilling.

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 4-9-80

APPROVED BY John Runyan TITLE Geologist DATE APR 11 1980

CONDITIONS OF APPROVAL: 0+4-NMOC, H 1-Hou 1-Susp 1-BD