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SANTA FE	
FILE	
U.S.G.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 REPERFORATE OR TO 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 G 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE East LINE, SECTION 22 TOWNSHIP 20-S RANGE 35-E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
Watkins A Gas Com
9. Unit No.
1
10. Field and Pool, or Shucut
Unit: West Osudo Morrow

15. Elevation (Show whether DF, RT, GR, etc.)
3693.8'

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 checked="" 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Propose to perforate plugged tubing to restore production as follows:

Move in wireline unit and rig up. Install 5000 psi lubricator. Run in hole with tubing puncher and tag fill. Pull up 10' and punch 4 holes. Rig down wireline unit, lubricator and flow test. Return to production. Note: Tubing is plugged at 12,040' and packer is set at 10,694'.

0+4-NMOCD,H 1-HOU R. E. Ogden RM 21.150 1-F. J. Nash, HOU RM 4.206 1-SUSP 1-PJS
1-Petro Lewis

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

SIGNED Peter J. Sena TITLE Assist. Admin. Analyst DATE 8-8-83

APPROVED BY JERRY SEXTON DISTRICT 1 SUPERVISOR TITLE _____ DATE AUG 10 1983

CONDITIONS OF APPROVAL, IF ANY: