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DISTRIBUTION	
MANAGER	
FILE	
MAIL ROOM	
LAND OFFICE	
OPERATIONS	

4. Indicate Type of Lease  
 State  Free    
 5. State Oil & Gas Lease No.

SHUT-IN NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR A WELL WHICH IS BEING PRODUCED BY A DIFFERENT OPERATOR. USE FORM O-103 FOR SUCH WELLS.

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 E 1990 FEET FROM THE North LINE AND 511 FEET FROM  
 THE West LINE, SECTION 34 TOWNSHIP 18-S RANGE 38-E COUNTY Lea

7. Unit Agreement Name  
8. Name of Lease Name  
Turner Tr. 2  
9. Well No.  
30  
10. Field and Pool, or Well Unit  
Und. Hobbs Drinkard

11. Location (Show whether DF, RT, GR, etc.)  
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  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING

TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPER.  PLUG AND ABANDONMENT

PULL OR ALTER CASING  OTHER  CASING TEST AND CEMENT JOBS

OTHER  OTHER

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 increase production by the following method:

Reperforate Drinkard intervals 6665'-6668', 6693'-6697', 6702'-6709', 6731'-6742', 6754'-6762', 6780'-6786', 6828', 6866'-6870', 6874'-6877', 6922'-6927', 6936'-6942', 6946'-6952', 6962'-6966' and 6981'-6986' with 2 JSPF, acidized intervals, and return well to production.

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

SIGNED Mark R. Stet TITLE Asst. Admin. Analyst DATE 3-14-80

APPROVED BY Jerry Burton TITLE \_\_\_\_\_ DATE MAR 17 1980

CONDITIONS OF APPROVAL, IF ANY:  
O+4 NMOCD-H 1-HOU 1-Susp 1-MKE