4/SF

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO **RECEIVED**

DEC - 1 1980

O. C. D.

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
B-11593

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE.
(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.)

OIL WELL [ ]   GAS WELL [X]   OTHER-

Name of Operator
Amoco Production Company ✓

Address of Operator
P. O. Box 68 - Hobbs, NM   88240

Location of Well

UNIT LETTER __A__ , __660__ FEET FROM THE __North__ LINE AND __660__ FEET FROM

THE __East__ LINE, SECTION __36__ TOWNSHIP __17-S__ RANGE __28-E__ NMPM.

7. Unit Agreement Name
Empire South Deep Unit

8. Farm or Lease Name
Empire South Deep Unit

9. Well No.
21

10. Field and Pool, or Wildcat
South Empire Morrow

15. Elevation (Show whether DF, RT, GR, etc.) 3678.1 GL	12. County Eddy

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
		OTHER _____	[ ]
OTHER _____ [ ]			

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.

Drilled to a TD of 2890' and ran 32# K-55 8 5/8" casing set at 2890'. Cemented with 1850 sx lite cement (with 5# salt/sx, 5# gilsonite/sx, 1/4# celoflake/sx) and 200 sx class C (with 1% CACL). Plugged down at 3:47 P.M. 11-4-80. Circulated 325 sx. WOC 18 hr. Tested casing with 1000# for 30 min. Test OK. Reduced hole to 7 7/8" and resumed drilling.

O + 4 - NMOCD, A 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou 1-Conoco 1-Yates 1-R. E. Boling 1-Cities Service 1-Bright

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

SIGNED _____   TITLE Asst. Admin. Analyst   DATE 11-26-80

APPROVED BY _____   TITLE SUPERVISOR, DISTRICT II   DATE DEC 3 1980

CONDITIONS OF APPROVAL, IF ANY: