ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED
AUG 15 1979
O. C. C.
ARTESIA, OFFICE

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

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company ✓

8. Farm or Lease Name
Carter Gas Com

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

9. Well No.
1

4. Location of Well
UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 23-S RANGE 28-E NMPM.

10. Field and Pool, or Wildcat
Und. Morrow

15. Elevation (Show whether DF, RT, GR, etc.)
3062.2 GR

12. County
Eddy

16. 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. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
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.

On 7-28-79 MGF Drilling Co. (Rig #22) spudded a 20" hole at 9:00 a.m. Drilled to a TD of 690' and ran 16" 84# casing set at 407'. Cemented with 500 SX Class C cement with 2% CACL. Plug down 8:30 p.m. 7-28-79. Circulated 50 SX. WOC 18 hrs. Tested casing with 600# for 30 min. Test OK. Reduced hole to 14-3/4" 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 Asst. Admin. Analyst DATE 8-10-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

O+4-NMOCD-A, 1-Hou, 1-Susp, 1-BD