

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION		
SANTA FE		
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	1	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
L-4687

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 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 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 15 TOWNSHIP 25-S RANGE 28-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
State GG Com.

9. Well No.
1

10. Field and Pool, or Wildcat
Und. Atoka

15. Elevation (Show whether DF, RT, GR, etc.)
2988.3 GL

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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"/>	OTHER <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.

Moved in service unit 6-23-80. Set a cast iron bridge plug at 9200' and capped with 35' of cement. Perforated 8912'-8920'. Ran tubing, packer, and tailpipe. Tailpipe set at 8890'. Packer set at 8785'. Acidized with 1416 gal. 15% HCL acid and 5000 gal. 20% HCL acid. Currently swab testing.

RECEIVED

JUL 15 1980

O. C. D.

ARTESIA, OFFICE

0+4-NMOCD, A

1-Hou

1-Susp

1-LBG

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 7-14-80

APPROVED BY W. A. Gussitt TITLE SUPERVISOR, DISTRICT II DATE JUL 16 1980

CONDITIONS OF APPROVAL, IF ANY: