NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]
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] CO_2 OTHER-

7. Unit Agreement Name

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State GT

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 36 TOWNSHIP 23-N RANGE 33-E NMPM.

10. Field and Pool, or Wildcat: Und. Tubb

15. Elevation (Show whether DF, RT, GR, etc.): 4913.05 GR

12. County: Union

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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
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.

Moved in service unit 9-10-79. Tested casing with 1000# for 30 minutes. OK. Ran correlation log 2449'-2000' and 1000'-500'. Perforated 2260'-66', 2273'-80', 2284'-88', 2294'-2301', 2314'-36', 2348'-62', 2368'-2400' with 2 JSPF. Ran tubing to 2199'. Acidized with 3000 gallons 10% MOD-101 with additives dropping 300 ball sealers. Currently flow testing.

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE 9-24-79

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

O+ 2-NMOCD-SF 1-Hou 1-Susp 1-BD