STATE OF 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 10-1-78

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 GX

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

9. Well No.: 1

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 18-N RANGE 32-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 4723.8 GR

12. County: Harding

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 10-13-79. Tested casing with 1500# for 30 min. Test OK. Ran correlation log 2674'-2000'. Perforated 2489'-2494', 2499'-2513', 2518'-2522', 2524'-2562', 2570'-2578' with 2 JSPF. Acidized with 2000 gal 10% MOD-101. Flushed with 12 bbl water. Currently swab testing.

OIL CONSERVATION DIVISION
SANTA FE

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

SIGNED Bob Davis TITLE Assist. Administrative Analyst DATE 10-18-79

APPROVED BY Carl Ulvog TITLE SENIOR PETROLEUM ENGINEER DATE 10/23/79

CONDITIONS OF APPROVAL, IF ANY:
O+2 NMOCD-SF, 1-Hou, 1-Susp, 1-BD