Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30 021 20247

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG 4628

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.)

7. Lease Name or Unit Agreement Name
2132

1. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER CO_2

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Well No.
131 G

3. Address of Operator
PO Box 606 Clayton N. Mexico 88415

9. Pool name or Wildcat
TUBB

4. Well Location
Unit Letter G : 2035 Feet From The EAST Line and 1936 Feet From The NORTH Line

Section 13 Township 21 N Range 32 E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4928

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

12. 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 on and rigged up service unit 8/18/93. Ran bit and tubing and tagged cement at 2412. Tested casing to 500 psi and held OK. Drilled cement 2412 TO 2433. Blew hole dry and pulled tubing. Ran 3.375 perf guns and shot 2221-2228, 2338-2258, 2276-2286, 2322-2326, 2334-2339, 2348-2352, 2396-2406, 2410-2413. Flowed well to pit. Rigged down service unit. Well waiting to be hooked up to sales.

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

SIGNATURE Mark Randolph TITLE BUSINESS ANALYST DATE 9/15/93

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO.

(This space for State Use)

APPROVED BY [signature] TITLE DISTRICT SUPERVISOR DATE 9-22-93

CONDITIONS OF APPROVAL, IF ANY: