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 20264

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

6. State Oil & Gas Lease No. L 5750

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: 2133

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

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Well No. 141 G

3. Address of Operator: PO Box 606 CLAYTON N. MEX. 88415

9. Pool name or Wildcat: TUBB

4. Well Location
Unit Letter G : 1974 Feet From The EAST Line and 2024 Feet From The NORTH Line
Section 14 Township 21 N Range 33E NMPM HARDING County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4868

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.

Rigged up wire line unit 8/13/93 and ran 2.750 perf gun and perfed 2410-2430, and 2437-2464. Rigged up service unit 8/31/93 and ran tubing and bit and clean out sand 1668 to 2550. Circulated hole clean with foam and blow well dry. Flow well to clean up. Rigged down and moved out service unit 8/31/93. Flow tested well and hooked up to sales 9/8/93.

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 9/18/93

TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO. 713 556 3216

(This space for State Use)

APPROVED BY R E Johnson TITLE DISTRICT SUPERVISOR DATE 9-27-93

CONDITIONS OF APPROVAL, IF ANY: