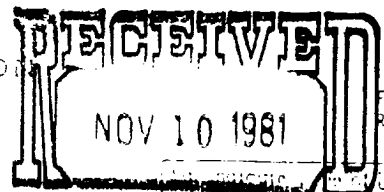


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 20118  
SANTA FE, NEW MEXICO 87501



Form O-103  
Revised 11-78

OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO

CUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR NOTICES TO WELL OR TO OTHERS OF PLUGS, CASES, OR A DIFFERENT RESERVING.  
USE THE CORRECT FORM FOR PLUGS OR OTHERS OF YOUR PROPERTY.

1. WELL TYPE: OIL WELL  GAS WELL  CO2 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: G 1980 FEET FROM THE North LINE AND 1980 FEET FROM  
THE East LINE, SECTION 23 TOWNSHIP 21-N RANGE 34-E NEQPM.

5. ELEVATION (Show whether DF, RT, GL, etc.): 4740' GL

6. COUNTY: Union

10. 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 OPER. <input type="checkbox"/>	PLUG AND ASSIGNMENT <input type="checkbox"/>
FULL OR ALTKA CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING SPLIT AND CEMENT LOG <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

17. Describe Purpose of Completed Operations (Naturally state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1102.

On 10-25-81 turned well thru a separator and flow tested for 168 hrs. with an average of 1320 MCFD. Ran 72 hr. BHP build-up 10-30-81 thru 11-2-81. Well shut-in 11-2-81.

0+2-NMOCD, SF 1-Hou 1-Susp 1-CLF 1-Amerada 1-UGI 1-Cities Svc.  
1-Conoco 1-CO2 in Action 1-Excelsior 1-Sun Tex.

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

SIGNED: Cathy L. Jerman TITLE: Assist. Admin. Analyst DATE: 11-9-81

APPROVED BY: [Signature] TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: