

JIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-77

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State 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 OTHER: CO2

2. Name of Operator: AMOCO PRODUCTION COMPANY

3. Address of Operator: P.O. BOX 68, HOBBS, NEW MEXICO 88240

4. Location of well
UNIT LETTER G 1850 FEET FROM THE North LINE AND 1650 FEET FROM
THE East LINE, SECTION 31 TOWNSHIP 24-N RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.) 5053' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Update on attempt to complete in Ellenburger formation</u> <input checked="" type="checkbox"/>

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.

MISU 1-27-86. RIH w/ working string x bit. Drilled out to 5400'.
POH w/tbg x bit. Spotted 210 gals 15% acid w/additives from 5241'-5400'.
RIH w/Gamma Gun x perforated 5355'-5380' w/ 4 SPF. Ran
Lynes PIP x 3 1/2" tbg. Packer set at 5360'. Well in state of
prod. readiness 2-5-86. Acidized w/2500 gallons 15% acid x
additives. Flushed w/14 BW x 6% KCL. Swab test to evaluate.

0+2-NMOCD,SF 1-J.R. Barnett HOU. Rm.21.156 1-F.J. Nash HOU. Rm.4.206 1-WF,Clayton 1-Susp
1-BAO 1-Amerada Hess 1-Amerigas 1-Cities Service 1-Conoco 1-CO2 in Action 1-Shell
1-Excelsior 1-Exxon 1-WF,Hobbs

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

SIGNED Beverly A. Otwell TITLE Sr. Administrative Analyst DATE 2-12-86

APPROVED BY [Signature] TITLE _____ DATE 2-17-86

CONDITION OF APPROVAL, IF ANY: