

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

AUG 21 1982

Form C-103
Revised 10-1-7

O. C. D.

ARTESIAN OFFICE	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L-949	

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State "ET"
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER C 990 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 15-S RANGE 27-E NMPM.	10. Field and Pool, or Wildcat Buffalo Valley Penn
15. Elevation (Show whether DF, RT, GR, etc.) 3590.9' GR	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input 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.

Propose to perforate additional pay in Pennsylvanian as follows:

Install lubricator. Perforate 8940'-44 with 4 JSPF. Record flow rate and pressure before and after perforating. Return well to gas sales line and report daily rates and pressures for three days to evaluate job. Return well to production.

0+4-NMOCD,A 1-HOU 1-SUSP 1-CLF

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

SIGNED <u>Cathy L. Ferman</u>	TITLE <u>Assist. Admin. Analyst</u>	DATE <u>8-20-82</u>
APPROVED BY <u>Leslie A. Clement</u>	TITLE <u>SUPERVISOR, DISTRICT #1</u>	DATE <u>AUG 25 1982</u>
CONDITIONS OF APPROVAL, IF ANY:		