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
MAR 18 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

1. Name of Operator: AMOCO PRODUCTION COMPANY ✓

8. Farm or Lease Name: State ET"

2. Address of Operator: P. O. Box 68, Hobbs, NM 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: ~~Diamond Mound~~ ~~Buffalo Valley~~ ATOKA - MORROW GAS.

15. Elevation (Show whether DF, RT, GR, etc.): 3604' KB

12. County: Chaves

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

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.

* This sundry notices replaces Sundry notice dated 3-14-85 on the State "ET" Gas Com No. 1 issued in error. Please destroy State "ET" Gas Com No. 1 Sundry Notice dated 3-14-85.

Amoco proposes to vent an estimated 300-500 MCFD gas from apx 3/25/85 - 3/30/85 on the subject well. The venting is necessary us to conduct at flow test at 100 psi FTP to define the wells deliverability and complete an engineering evaluation for installing a compressor on the well. * Ref verbal approval Les Clements to Gary Clark 3-15-85.

OTS NMOCD,A 1-JRB 1-FJN 1-GCC

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

SIGNED Gary C. Clark TITLE Asst. Admin Analyst DATE 3-15-85

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE MAR 19 1985

CONDITIONS OF APPROVAL, IF ANY: