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 BY
OCT 18 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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.)

1. OIL WELL [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State ET Gas Com

3. Address of Operator: P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.: 1

4. Location of Well
UNIT LETTER J, 1650 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 15-S RANGE 27-E NMPM.

10. Field and Pool, or Wildcat: Und. Buffalo Valley Penn Gas

15. Elevation (Show whether DF, RT, GR, etc.): 3658.3' GL

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 [ ]	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 [ ]		OTHER well completed [X]	

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.

Ran 4 point back pressure test. Shut-in 72 hrs. Received 4 point test and gas analysis. Completed analysis of 4 point back pressure test and calculated absolute open flow. Recovered 2 bbls of condensate during test. Moved out test equipment. Well completed 10-3-83. Left shut-in waiting on connection to sales line.

O+4-NMOCD,A 1-HOU, R. E. Ogden, Rm 21.150 1-F. J.Nash, HOU Rm 4.206 1-CMH 1-Gorham

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

SIGNED Parker M. Herring TITLE Administrative Analyst DATE 10-12-83

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE OCT 21 1983

CONDITIONS OF APPROVAL, IF ANY: