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 15 1979
O. C. C.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: L-2633

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.)

7. Unit Agreement Name:

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

8. Farm or Lease Name: State ER No. 2 Com.

2. Name of Operator: Amoco Production Company

9. Well No.: 1

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

10. Field and Pool, or Wildcat: Und. N. Turkey Track Morro

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 6, TOWNSHIP 19-S, RANGE 29-E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3413 RDB

12. County: Eddy

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 Recomplete to Morrow [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.

Propose to recomplete well by squeezing current perfs 8238'-8248' with 60 SX Class H cement. Drill out cast iron bridge plug at approx. 10,500'. Run cement retainer to 10,515'. Squeeze off Atoka perfs 10,568'-10,579'. Before drilling next bridge plug change fluid to a commercial brine with 6% KCL. Drill out bridge plug at 10,730'. Flow test morrow interval. Acidize as necessary in attempting commercial production. Also request name change from State ER Com #1 to State ER No. 2 Com #1.

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

SIGNED Bob Davis TITLE Asst. Admin. Analyst DATE 8-10-79

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE AUG 29 1979

CONDITIONS OF APPROVAL, IF ANY:

O+4-NMOCD,A; 1-Hou; 1-Susp; 1-BD