

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

FEB 05 1981

O. C. D.

ARTESIA, OFFICE

5a. Indicate Type of Lease
State 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.)

OIL WELL GAS WELL OTHER

7. Unit Agreement Name

Name of Operator
Amoco Production Company

8. Farm or Lease Name
State ER #2 Com.

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

9. Well No.
1

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.

10. Field and Pool, or Wildcat
Und. North Turkey Track
Morrow

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

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER

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.

Plugged and abandoned per the following:

Spotted a 25 SX Class C plug at 8600'. Spotted a 25 SX Class C plug at 4230'. Ran free point on 5-1/2" casing. Cut 5-1/2" casing at 2888'. Pulled 71' jts 5-1/2" casing (2888'). Spotted a 35 SX Class C plug at 2930'. Spotted a 50 SX Class C plug at 475'. Spotted a 20 SX surface plug. Weld on cap and install P X A marker.

0+4-NMOCD, A 1-Hou 1-Susp 1-W. Stafford, Hou 1-LBG

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

SIGNED Penton Green TITLE Assist. Admin. Analyst DATE 2-4-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: