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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED

SEP 14 1978

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

O. C. C.
ARTEZIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. L-6653 Assign. 1
7. Unit Agreement Name
8. Farm or Lease Name State GF
9. Well No. 1
10. Field and Pool, or Wildcat Und. South Millman Morrow
12. County Eddy

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.
SEE APPLICATION FOR PERMIT - FORM C-101 FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER

1. Name of Operator
Amoco Production Company

2. Address of Operator
P.O. Drawer A, Levelland, Texas 79336

3. Location of Well
UNIT LETTER J 1980 FEET FROM THE south LINE AND 1980 FEET FROM
THE east LINE, SECTION 24 TOWNSHIP 19-S RANGE 27-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3498.6 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

illed to a TD of 2495', 9 5/8" 36# K-55 ST&C casing was set at 2495'. Cemented with 600 sacks Howco Lite plus additives and 200 sacks Class C plus 2% CACL. Circulated 40 sacks. PD 4:00 p.m. 8-25-78. WOC 19 hours. Reduced hole to 12 1/4" and resumed drilling. After 19 hours WOC, tested casing with 1000# for 30 minutes. Test OK.

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

SIGNED Ray W. Cox TITLE Administrative Supervisor DATE 9-11-78
APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II DATE SEP 14 1978

CONDITIONS OF APPROVAL, IF ANY:
0+4-NMOCC, Art 1-Susp
1-Div 1-RC