		c/5F
STATE OF NEW MEXICO		
ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION		
	,	Form C-103
SANTA FE, NEW MEXICO 8 SECEIVED	1.70	Revised 10-1-78
FILE SANTA PE, NEW MEXICO 87301-1-1-2	Sa. Indicate Ty	ne of Leuse
U.S.Q.S.	State X	Foe
LAND OFFICE SEP 2 3 1980	5. State Oil 6	
OPENATOR	L-503	3 E6018
CUMPRY MOTICES AND DEPOSITS ON WELLS APTRO-		
SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA OFFICE  (DO NOT USE THIS FORM FOR PERPORALS TO CRILL ON TO REPORT ON PLUG BACK TO A DIFFERENT RESCRIPTION  (DO NOT USE THIS FORM FOR PERPORALS TO CRILL ON TO REPORT OF PERPORALS.)		
	7, Unit Agreen	ent Name
OIL GAS OTHER-		
. Name of Operator	8, Farm or Lea	
Amoco Production Company	State Ho	J COM.
. Address of Operator	9. Well No.	
P. O. Box 68 Hobbs, NM 88240	10 Field and	Pagi, or Wildcat
C. Location of Well	Under	
UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FR	777777 <sup>**</sup>	mminn
THE West LINE, SECTION 2 TOWNSHIP 19-S MANGE 31-E HAME		
THE WEST LINE, SECTION L TOWNSHIP 13-3 MANGE 31 L NAME	([]]]]]	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
3629.8 GL	Eddy	
Check Appropriate Box To Indicate Nature of Notice, Report or C	Other Data	
	NT REPORT O	F:
<u></u>		<b>—</b>
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALT	ERING CASING
TEMPORARILY ASANDON COMMENCE DRILLING OPNS.	PLU	G AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB		
OTHER		
OTHER		
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includ	ing estimated date	of starting any proposed
work) SEE RULE 1103.		
Moved in service unit 9-5-80. Set a cast iron bridge plug at 8200'	. Capped w	ith 35'
cement. Perforated 7918-7932' with 2 JSPF. Set tailpipe at 7853'.	Set packer	r at
7753'. Acidized with 1416 gal. 15% HCL acid with additives. Swab	three days a	and .
recovered an average of 9 bbl. oil and slight show of gas. Acidize gal. 20% HCL acid with additives. Currently swab testing.	ed peris will	1 10,000
gal. 20% HCL acid with additives. Currently swab testing.		
O+4-NMOCD, A 1-Hou 1-Susp 1-LBG 1-W. Stafford	1. Hou	
0+4-NMOCD, A 1-Hou 1-Susp 1-LBG I-W. Stafford	1, 110 <b>u</b>	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
18. I hereby certify that the information above is true and complete to the Best of my enumering and better.		
Assist. Admin. Analyst	DATE	9-22-80
SIGNED COUPTIES		
		0 0 4000
Wal Gussett SUPERVISOR, DISTRICT II	SYAC	SEP 3 0 1980