

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-73

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O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> For <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-5359

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
Name of Operator Amoco Production Company	8. Farm or Lease Name State IM Com.
Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER I 1880 FEET FROM THE South LINE AND 660 FEET FROM East LINE, SECTION 16 TOWNSHIP 22-S RANGE 26-E NMPM.	10. Field and Pool, or Wildcat Und. Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3580.2 GL	12. County Eddy

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input 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.

Moved in service unit 4-22-81. Lowered packer to 11624'. Pulled tubing and set bridge plug at 11560'. Ran tubing and set packer at 11150' and tailpipe at 11246'. Flow tested well for 5 days. Currently well is shut in pending additional work.

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

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 5-13-81

APPROVED BY D. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE MAY 19 1981

CONDITIONS OF APPROVAL, IF ANY: