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
JAN 10 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: L-6789

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. OIL WELL [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name:

2. Name of Operator: Amoco Production Company ✓

8. Farm or Lease Name: State "LS" Com

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

9. Well No.: 1

4. Location of Well: UNIT LETTER B, 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 20-S RANGE 28-E NMPM.

10. Field and Pool, or Wildcat: Burton Flat Strawn

15. Elevation (Show whether DF, RT, GR, etc.): 3225.2' GL

12. County: Eddy

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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		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.

Moved in service unit 6-9-82. Acid factured in 3 equal stages with 15000 gal 40# X-linked gel with 2000 SCF/bbl N2 and 15000 gal MOD-202 acid with additives. Flushed with 41 bbl 2% KCL brine water containing 500 SCF N2/bbl. Swabbed. Moved out service unit 6-14-82. Flow tested and well flowed 7 BLW and 55 MCF in 24 hours. Tubing pressure flowed 350 psi. Well shut-in due to low volume and lack of gas market.

O+5-NMOCD,A 1-HOU 1-SUSP 1-CLF

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

SIGNED Cathy L. Forman TITLE Asst. Admin. Analyst DATE 1-7-83

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE DATE JAN 11 1983

CONDITIONS OF APPROVAL, IF ANY: