

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
SEP 12 1980

Form C-103
Revised 10-1-78

O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-6544
7. Unit Agreement Name
8. Farm or Lease Name State IB Com.
9. Well No. 1
10. Field and Prod., or Whident Und. 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.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amoco Production Company
3. Address of Operator P. O. Box 68 Hobbs, NM 88240
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>31</u> TOWNSHIP <u>23-S</u> RANGE <u>25-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3881.1 GL

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 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 8-18-80. Perforated 10498'-10499' with 4 JSPF. Acidized with 200 gal. 7-1/2% MS acid with additives. Currently flow testing.

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

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

SIGNED Benton Greer TITLE Asst. Admin. Analyst DATE 9-11-80
APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE SEP 17 1980
CONDITIONS OF APPROVAL, IF ANY: