

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 85501

Form C-103
Revised 10-1-78

AUG 22 1980

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L-4683	

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"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State II
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 1
4. Location of well UNIT LETTER J 1880 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 24-S RANGE 27-E NMPM.	10. Field and Pool, or Wildcat Wildcat Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3201.2 GL	12. County Eddy

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 checked="" 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 JOBS <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 8-4-80. Ran correlation log from 13000' to 11000'. Perforated 12619'-12628' and 12640'-12643' with 4 JSPF. Ran tubing, packer, and tailpipe. Packer set at 11397'. Tailpipe set at 12533'. Acidized with 2000 gal. 7½% MS acid with additives. Currently swab testing.

0+4-NMOCD, A 1-Hou 1-Susp 1-LBG 1-Wayne Stafford, Hou
1-Mesa 1-HNG 1-Northern Natural

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

SIGNED Bob Laws TITLE Administrative Analyst DATE 8-21-80

APPROVED BY W. A. Gressitt TITLE SUPERVISOR, DISTRICT II DATE AUG 25 1980

CONDITIONS OF APPROVAL, IF ANY: