

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87505

RECEIVED

MAR 17 1983

Form C-103
Revised 10-1

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>

O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5b. State Oil & Gas Lease No.	L-4864

SUNDARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG, BYER 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
2. Name of Operator Amoco Production Company	8. Farm or Lease Name State IW
3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>30</u> TOWNSHIP <u>23-S</u> RANGE <u>25-E</u> N.M.P.M.	10. Field and Pool, or wildcat Und. Eddy Atoka
11. Elevation (Show whether DF, RT, GR, etc.) 3867.95' RDB	12. County Eddy

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
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.
Flow tested for 8 days and recovered 3 BC, 18 BLW, 3 BW, and 449 mcf. Last 24 hrs. recovered 0 BC, 23 BLW, 10 BF and 44 MCF. Moved in swab unit 3-2-83 and swabbed 9.5 hrs. and recovered 0 BC, 23 BLW, and 10 BW. Moved out service unit 3-3-83 and returned well to flow test. Flowed 76 hrs. and recovered 8 BW, and 176 MCF. Shut well in and ran bottom hole pressure bomb. Left shut-in until BHP evaluation is completed and additional work performed.

0+4-NMOCD,A 1-HOU 1-W. Stafford, HOU 1-CMH

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

SIGNED Charles M. Clements

TITLE Assist. Admin. Analyst

DATE 3-16-83

Original Signed By
Leslie A. Clements
Supervisor District II

MAR 18 1983

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: