STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
JUN 03 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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

5. State Oil & Gas Lease No.
L-4864

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.)

7. Unit Agreement Name

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

8. Farm or Lease Name
State IW

2. Name of Operator
Amoco Production Company

9. Well No.
1

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

10. Field and Pool, or Wildcat
Und. Eddy Atoka

4. Location of Well
UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 23-S RANGE 25-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3867.95' RDB

12. County
Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
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 swab unit 5-16-83. Swabbed 8 hrs and recovered 8 BW. Flowed well for 16 hrs. and recovered 97 MCFD. Moved out swab unit 5-17-83. Flow tested 2 days. Last 24 hrs recovered 71 MCF. Shut-in 5-19-83 pending additional work to be performed.

0+4-NMOCD,A 1-HOU 1-F. J. Nash, HOU 1-CMH

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

SIGNED Parker M. Herring TITLE Assist. Admin. Analyst DATE 6-1-83

JUN 4 1983

APPROVED BY Original Signed By Leslie A. Clements TITLE Supervisor District II DATE JUN 06 1983

CONDITIONS OF APPROVAL, IF ANY: