

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

JUL 19 1983

O. C. D.

ARTESIA OFFICE

| |
|-------------------------------------------------------------------------|
| 6. Indicate Type of Lease |
| State <input checked="" type="checkbox"/> Free <input type="checkbox"/> |
| 7. 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 DEPTH. USE "APPLICATION FOR PERMIT - L" (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 IW |
| 3. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240 | 9. Well No. 1 |
| 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. | 10. Field and Pool, or Wildcat Und. Eddy Atoka |
| 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 <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|-----------------------------------------------------|-----------------------------------------------|
| REMEDIAL WORK <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <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 swab unit 6-7-83. Blew well down. Ran swab and recovered 1 BC and 6 BW in 7 hrs. Swabbed 3-1/2 hr. and recovered 5 BW. Swabbed dry and flowed 55 MCFD. Moved out swab unit. Flow tested 4 days. Last 24 hrs recovered 0 BF and 49 MCF. Rigged up wireline unit and ran BHP bomb. Opened well and flow tested 4 days. Last 24 hrs, recovered 0 BF and 40 MCF. Currently, shut-in evaluating.

O+4-NMOCD,A 1-HOU, R.E.Ogden,Rm 21.150 1-F.J.Nash, HOU, Rm. 4.206 1-CMH

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

SIGNED Leslie A. Clements TITLE Administrative Analyst DATE 7-14-83

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE JUL 19 1983

CONDITIONS OF APPROVAL, IF ANY: