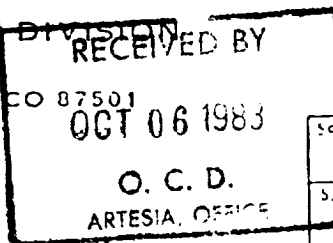


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-77

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>



Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Free <input type="checkbox"/>
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 - 1" (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. Name of 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> 1980 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> NMPM.		10. Field and Pool, or Wildcat Und. Eddy Atoka
11. 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: 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 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 swab unit and swabbed 8 hrs. Recovered 9 BW and light gas on tubing. Left open to flow for 16 hrs. Swabbed 4 hrs. and recovered 4 BW. Moved out swab unit and installed test equipment. Flow tested 4 days and last 24 hrs. recovered 0 BF and 21 MCF. Shut-in 19 days. Opened well 8-19-83 and began flow test. Flow rate decreased from 160 MCFD to 50 MCFD in 16 hours. Flow tested 6 days. Last 24 hrs flowed 0 BF and 34 MCF. Shut-in. Began flow test 9-13-83. Flow tested 7 days. Last 24 hours recovered 38 MCF. Currently, shut-in evaluating.

0+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 Charles M. Herring TITLE Administrative Analyst DATE 10-5-83

APPROVED BY Leslie A. Clements
CONDITIONS OF APPROVAL, IF ANY: Supervisor District II

OCT 7 1983