

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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| RECEIVED BY  |
| OCT 21 1983  |
| O. C. D. Form C-103<br>ARTESIA, OFFICE Revised 10-1-78 |

|   |
|---|
| 5a. Indicate Type of Lease  |
| State <input checked="" type="checkbox"/> Free <input type="checkbox"/> |
| 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.)

|   |   |
|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>                                  | 7. Unit Agreement Name                            |
| 2. Name of Operator<br>Amoco Production Company   | 8. Farm or Lease Name<br>State IW                 |
| 3. Address of Operator<br>P. O. Box 68, Hobbs, NM 88240   | 9. Well No.<br>1                                  |
| 4. Location of Well<br>UNIT LETTER L, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 23-S RANGE 25-E N.M.P.M. | 10. Field and Pool, or Wildcat<br>Und. Eddy Atoka |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3867.95' RDB   | 12. County<br>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 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"/> | OTHER status update <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 10-7-83. Swabbed and fluid level scattered from 8000' to packer. Recovered 1 BC and 10 BW in 16 hours. Swabbed dry. Moved out swab unit 10-8-83. Flow tested for 138 hours. Well flowed 10 BC, 8 BW, and 280 MCF. Last 24 hours well flowed 0 BF and 35 MCFD. Well is currently shut-in pending further evaluation.

0+4-NMOCD,A 1-R: E. Ogden, HOU Rm. 21.150 1-F.J. Nash, HOU Rm. 4.206 1-CLF

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

SIGNED Cathy L. Ferman TITLE Ast. Adm. Analyst DATE 10-19-83

APPROVED BY Original Signed By  
Leslie A. Clements  
Supervisor District II

TITLE \_\_\_\_\_ DATE OCT 24 1983

CONDITIONS OF APPROVAL, IF ANY: