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

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.: LG-467

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.)

RECEIVED
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O. C. D.
ARTESIA, OFFICE

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

7. Unit Agreement Name

2. Name of Operator: Amoco Production Company ✓

8. Farm or Lease Name: State "DS" Gas Com

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

9. Well No.: 1

4. Location of Well: UNIT LETTER J, 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 23-S RANGE 27-E NMPM.

10. Field and Pool, or Wildcat: Und. Wolfcamp

15. Elevation (Show whether DF, RT, GR, etc.): 3171.3 GL

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Status update	

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.

Ran dip-in bottom hole pressure test to 9908'. BHP was 6305 psi. Left shut-in for 28 days Shut-in tubing pressure was 4627 psi. Left shut-in. Shut-in tubing pressure was 4500 psi. and bled down to 0 in 2-1/2 hrs. Recovered 18 BO and 12 BW. Ran swab with no fluid recovered but a continuous 6' flare. Left shut-in.

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 Karla M. Herring TITLE Assist. Admin. Analyst DATE 2-3-83

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE DATE FEB 18 1983

CONDITIONS OF APPROVAL, IF ANY: