

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-73

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

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 GAS WELL OTHER
2. Name of Operator: *Amoco Production Company*
3. Address of Operator: *P.O. Box 68, Hobbs, NM 88240*
4. Location of Well: UNIT LETTER *E* 1980 FEET FROM THE *North* LINE AND *660* FEET FROM THE *West* LINE, SECTION *34* TOWNSHIP *18-5* RANGE *38-E* NMPM.
7. Unit Agreement Name
8. Farm or Lease Name: *South Hobbs (GSA) Unit*
9. Well No.: *2*
10. Field and Pool, or Wildcat: *Hobbs GSA*
15. Elevation (Show whether DF, RT, GR, etc.): *3641' DF*
12. County: *Dea*

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 JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <i>Identify water productive zones</i>

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.
MISU 9-9-84. Ran Caliper Log and Stripline 4256'-4200'. Ran pkr and thq. to 4220'. Ran Gamma Ray Correlation Log and Stripline to insure pkr on depth and found sev at 4226'. POH with thq. Ran ESP and seating nipple and thq. Pump landed at 4040'. MISU 9-11-84. Pump test approximately 5 days. Last 24 hrs. pump 122 BO and 1002 BW and 105 MCF. Well returned to production.

0+5 -MMOCD, H 1-JRB 1-FJN 1-BFC

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

SIGNED *Bonita Coble* TITLE *Administrative Analyst* DATE *9-21-84*
APPROVED BY _____ TITLE _____ DATE *DEC 17 1984*
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 24 1984

O.C.D.
HOBBS OFFICE