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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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL OTHER	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Watkins B Gas Com.
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>20-S</u> RANGE <u>35-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Und. West Osudo Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3673.8 GL	12. County Lea

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 checked="" 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.

Drilled to a TD of 13983'. Ran 4-1/2" liner set at 13580'. Top of liner at 10929'. Hung liner with tools and pulled up. Bottom of liner at 12995' and top of liner at 10344'. Cemented liner with 500 sacks Class H. Cement circulated. Plugged down 1:30 p.m 10-19-81. WOC 18 hrs. Test liner to 300 PSI for 3 hrs. Tested OK. Cleaned out liner to 11930'. Tested casing to 1000 PSI. Tested OK. Currently evaluating.

0+4-NMOCD, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

SIGNED Mark Sweman TITLE Assist. Admin. Analyst DATE 11-17-81
 Orig. Signed by
Jerry Sexton
 APPROVED BY Dist. 1, Supv. TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: