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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-497

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 M 330 FEET FROM THE South LINE AND 330 FEET FROM
THE West LINE, SECTION 30 TOWNSHIP 25-S RANGE 38-E N.M.P.M.

10. Field and Pool, or Wildcat
Blinebry-Drinkard
Fusselman

7. Unit Agreement Date

8. Farm or Lease Name
State AJ

9. Well No.
6

11. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER _____

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER _____

ALTERING CASING

PLUG AND ABANDONMENT

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 service unit 2-11-80. Perforated Fusselman-Blinebry 6960'-68', 6973'-77', 6984'-90', 5079'-80', 5089'-96', 5111'-15', 5141'-45', and 5156'-60', with 2 JS²F. Ran 60' of tailpipe, packer, and tubing. Set packet 6750' and tailpipe at 6810'. Acidized perfs with 5000 gallons 15% LSTNE HCL acid and 400# rock salt. Flushed with 40 bbls. fresh water. Pulled packer. Ran retrievable bridge plug, packer, and tubing. Set bridge plug at 5460', packer at 4942', and tailpipe at 5007'. Acidized with 8000 gallons 15% LSTNE HCL acid and 600# rock salt. Flushed with 45 bbls. fresh water. Pulled bridge plug and packer and ran pumping equipment. Returned well to production. Production after workover in 24 hrs. was 19-B0, 62-BW, and 18-MCF.

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

SIGNED Marty K. Ste... TITLE Assist. Admin. Analyst DATE 7-14-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
0+4-NMOC), H 1-Hou 1-Susp 1-MKE