

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

3 OCT 1993
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL APT NO.
30 021 20259

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
L5749

7. Lease Name or Unit Agreement Name
2133

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. Type of Well:
OIL WELL GAS WELL OTHER CO2

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
PO Box 606 CLAYTON N. Mex 88415

4. Well Location
Unit Letter G : 2002 Feet From The EAST Line and 1996 Feet From The NORTH

8. Well No.
061 G

9. Pool name or Wildcat
TUBB

Section 06 Township 21N Range 33E NMPM HARDING County
10. Elevation (SHOW WHETHER DF, RKB, RT, GR, etc.)
5007

11. 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 CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB
OTHER: OTHER: PERF X FRAC X

12. 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 813193 and tagged ABTD at 2624. Blew well dry and moved out. Moved in wellline unit 815193 and perfed intervals 2354-2366, 2375-2385, 2390-2400, 2406-2426 and 2431-2465. Graced well down casing with 15,000 gal gel pad followed with 14,000 gal crosslinked with 68,000 lbs of 10/20 mesh Brady sand. Max pres. 2300 psi, Aug pres. 1800psi, AIR 36 BPM. Opened well up, Ran tubing and bit and tagged bottom at 2015'. Cleared out fill to ABTD 2624'. Slow tested well and hooked up to sales.

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

SIGNATURE Mark Randolph TITLE BUSINESS ANALYST DATE 10/12/93
TYPE OR PRINT NAME MARK RANDOLPH TELEPHONE NO. 713 366 3216

This space for State Use
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 10-18-93
CONDITIONS OF APPROVAL, IF ANY: