NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		X
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OCT 3 1980

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [X] 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.)

7. Unit Agreement Name

1. OIL WELL [ ] GAS WELL [X] CO_2 OTHER-

8. Farm or Lease Name: State FT

2. Name of Operator: Amoco Production Company

9. Well No.: 1

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

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

4. Location of Well: UNIT LETTER G, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 24-N RANGE 33-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 5107 RDB

12. County: Union

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [X]	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 [ ]	

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.

Propose to cement behind 4-1/2" production casing per the following procedure:

Kill well. Pull tubing and packer. Set a retrievable bridge plug at 2100' and cap with 10' sand. Run pipe recovery log to determine cement top. Perforate 4-1/2" casing 20' above top of cement. Run tubing and packer. Set packer 300' above perforations. Establish circulation. Pump 16 bbls. of colored dye. Pump sufficient Class C cement to circulate. WOC. Pull packer and bridge plug. Run packer and tubing.

0+2-NMOCD,SF 1-Hou 1-Susp 1-LBG

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

SIGNED Bob Lavrs TITLE Admin. Analyst DATE 10-6-80

APPROVED BY [ ] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY: