

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-7

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR		

RECEIVED

OCT - 5 1981

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
L-4678

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 L 2170 FEET FROM THE South LINE AND 990 FEET FROM
THE West LINE, SECTION 16 TOWNSHIP 22-S RANGE 26-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
State IE

9. Well No.
1

10. Field and Pool, or Wildcat
Happy Valley Morrow

15. Elevation (Show whether DF, RT, GR, etc.)
3567' RDB

12. County
Eddy

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 checked="" 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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input 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.

Moved in service unit 9-14-81. Killed well. Pulled tubing & packer. Ran cast iron bridge plug & set at 11360'. Perforated Morrow intervals, 11192'-208', 11250'-258', & 11314'-332' w/4 SPF. Ran tubing & packer w/packer set at 10985'. Tailpipe set at 11078'. Moved out service unit 9-17-81. Reconnected well to gas sales line. Flow tested for 99 hrs. and flowed 41 BW, 10920 MCF, and 1.8 MMCF. Returned well to production.

0+4-NMOCD, A 1-Hou 1-Susp 1-CLF

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 10-2-81

APPROVED BY W. A. Gussitt TITLE SUPERVISOR, DISTRICT II DATE OCT 14 1981

CONDITIONS OF APPROVAL, IF ANY: