

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
LG-6544

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 N 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 31 TOWNSHIP 23-S RANGE 25-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3881.1 GL
7. Unit Agreement Name
8. Firm or Lease Name
State IB Com.
9. Well No.
1
10. Field and Pool, or Wildcat
Und. Morrow
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"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <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.

Set a cast iron bridge plug at 10490' and perforated 10462'-64', 10469'-81' with 4 JSPF. Ran tubing, packer, and tailpipe. Packer set at 9783'. Tailpipe set at 10171'. Acidized with 250 gal. 7-1/2% MS acid with additives. Currently swab testing.

RECEIVED

JUL 15 1980

O. C. D.
ARTESIA, OFFICE

0+4-NMOCD, A 1-Hou 1-Susp 1-LBG 1-Superior

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 7-14-80

APPROVED BY Mr. Williams TITLE OIL AND GAS INSPECTOR DATE JUL 17 1980

CONDITIONS OF APPROVAL, IF ANY: