

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
OG - 5343	

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
Name of Operator Amoco Production Company		8. Farm or Lease Name State F0
Address of Operator P. O. Box 68 - Hobbs, NM 88240		9. Well No. 1
Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM East THE LINE, SECTION 32 TOWNSHIP 13-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Und. Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4159.1 GL		12. County Lea

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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Pulled tubing and perforated 9380'-9385' with 2 JSPF. Acidized with 500 gal. 20% NE acid. Set a cement retainer at 8293'. Squeezed with 100 sx Class H cement. Reversed out 40 sx. Drilled retainer and cement. Acidized with 3500 gal. 15% NEFE. Currently swab testing.

0 + 4 - NMOCD, H 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou

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

SIGNED Benton Greer TITLE Asst. Admin. Analyst DATE 10-21-80

Dist. Signed by
Jerry Sexton

APPROVED BY Dist. L. Supt. TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: