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 10-1-73

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

5. State Oil & Gas Lease No. K-4670

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: State DY"

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

9. Well No. 3

4. Location of Well: UNIT LETTER D, 710 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 19, TOWNSHIP 13-S, RANGE 33-E, NMPM.

10. Field and Pool, or Wildcat: Baum Upper Penn

15. Elevation (Show whether DF, RT, GR, etc.): 4296.1' GR

12. County: Lea

6. 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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Status Update [X]	

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.

MISU 3-18-85, drilled out cmt and DV tool to 6722' and tested csg to 1500 psi, OK. Ran tbg and tagged cmt at 9910'. Drilled out to 9960' and tested csg to 1500 psi, OK. Perfed 9677-91 and 9756-9769 w/4SPF. Set pkr at 9586' and acidized 9677-9769 w/3000 gals 15% NE FE HCl acid w/add. Swabbed and well kicked off flowing. Flowed 4 hrs and recovered 175 bbls oil. Killed well and POH. Perfed 9790-9814' w/4JSPF using a 3⅛" csg gun. Ran production equipment. Tested pump to 500 psi, OK. MOSU 4-1-85 Currently pump testing

O+5 NMOCD, H 1-JRB 1-FJN 1-GCC

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

SIGNED Gary C. Clark TITLE Asst. Admin. Analyst DATE 4-2-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR - 3 1985

CONDITIONS OF APPROVAL, IF ANY: