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

Form C-103
Revised 10-1-78

CORRECTED REPORT

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. L-4524

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Roosevelt State
3. Address of Operator P.O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER M FEET FROM THE South LINE AND 660 FEET FROM West 16 TOWNSHIP 6-S RANGE 34-E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4354' GL	12. County Roosevelt

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 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"/>	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.

Amoco Production Company assumed operation of well (Roosevelt State 16-1) from American Quasar 9-3-80. Well is currently perforated 7735'-7756'. These Penn perforations are suspected to be in communication with the Fusselman which has been previously tested. Will run pump-in tracer in an effort to determine if the Penn is communicating down into the Fusselman. Further completion procedure based on evaluation.

0+4-NMOCD, # 1-Hou 1-Susp 1-LBG 1-Wayne 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 9-17-80
Orig. Signed by Jerry Sexton
APPROVED BY Dist. L. Supr. TITLE _____ DATE SEP 19 1980
CONDITIONS OF APPROVAL, IF ANY: