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 [ ] Fee [X]

5. State Oil & Gas Lease No.

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
Turner Tr. 2

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

9. Well No.
30

4. Location of Well
UNIT LETTER E, 1990' FEET FROM THE North LINE AND 511' FEET FROM THE West LINE, SECTION 34 TOWNSHIP 18-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
Und. Hobbs Drinkard

15. Elevation (Show whether DF, RT, GR, etc.)
3635 GL

12. County
Lea

16. 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. [X]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [X]	
OTHER [ ]		OTHER [ ]	

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.

On 8-10-79 Cactus Drilling Co. (Rig #53) spudded a 17-1/2" hole 9:00 p.m. Drilled to a TD of 420' and ran 13-3/8" 54-1/2# casing set at 420'. Cemented with 450 SX Class C with 2% CACL. Plug down 3:45 p.m. 8-11-79. Circulated 100 SX. WOC 18 hrs. Tested casing with 750# for 1 hr. Test OK. Reduced hole to 12-1/4" and resumed drilling.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 9-18-79

APPROVED BY Orig. Signed by Jerry Sexton Dist. I, Supv. TITLE DATE SEP 20 1979

CONDITIONS OF APPROVAL, IF ANY:

O+4-NMOCD,H 1-Hou 1-Susp 1-BD