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-101
Revised 10-1-78

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

5. State Oil & Gas Lease No.: E-2520

## 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 HQ

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

9. Well No.: 1

4. Location of Well: UNIT LETTER P, 960 FEET FROM THE South LINE AND 330 FEET FROM

10. Field and Pool, or Wildcat: Und. Airstrip Wolfcamp

THE East LINE, SECTION 26 TOWNSHIP 18-S RANGE 34-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3974.8 GR

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 10-9-79 MGF Drilling Co. (Rig #23) spudded a 17-1/2" hole at 12:00 midnight. Drilled to a TD of 302' and ran 13-3/8" casing set at 302'. Cemented with 325 sx Class C cement with 2% CACL. Plug down 10:30 A.M. 10-10-79. Circulated 75 sx. WOC 18 hrs. Tested casing with 1000# for 30 min. 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 Bob Lavis TITLE Assist. Administrative Analyst DATE 10-18-79

APPROVED BY Orig. Signed by Jerry Sexton Dist 1, Supv. TITLE DATE OCT 23 1979

CONDITIONS OF APPROVAL, IF ANY:
0+4 NMOCD-H, 1-Hou, 1-Susp, 1-BD