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-

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

5. State Oil & Gas Lease No.: L-3674

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.: 4

4. Location of Well: UNIT LETTER N, 590 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 18-S RANGE 34-E NMPM.

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

15. Elevation (Show whether DF, RT, GR, etc.): 3981.7' 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. [ ]	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 propose work) SEE RULE 1103.

Drilled to a total depth of 4020'. On 3-18-84 ran 8-5/8", 24#, 32# K-55 casing. Casing set at 4020'. Cemented with 1375 sx class C lite with additives. Tailed in with 400 sx class C neat. Plug do 9:10 am 3-19-84. Circulated out 60 sx. Waited on cement 8 hrs. Nipped up and tested blowout preventer to 5000 psi. Tested casing to 950 psi for 30 min, tested OK. Reduced bit to 7-7/8" and resumed drilling.

O+5-NMOCD,H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-GCC 1-Pacific Lighting 1-Mesa 1-TXO, Midland 1-TXO, Dallas 1-Superior. Mid. 1-Superior, HOU 1-Bass

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 Assist. Admin. Analyst DATE 3-22-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 27 1984

CONDITIONS OF APPROVAL, IF ANY: