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 10-1-78

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

5. State Oil & Gas Lease No.: B-1553

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 E Tr. 18

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

9. Well No.: 16

4. Location of Well: UNIT LETTER D, 330 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 17-S RANGE 36-E NMPM.

10. Field and Pool, or Wildcat: Lovington Abo

15. Elevation (Show whether DF, RT, GR, etc.): 3848' RDB

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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
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.

Moved in service unit 4-7-80. Pull tubing and submersible pump. Laid pump down. Ran cast iron bridge plug and set at 8275'. Ran 2-7/8" tubing, seating nipple, and tubing anchor. Ran rods and pump and return well to production. Production after workover in 24 hrs: 16 BO and 52 BW.

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

SIGNED Martha Estes TITLE Asst. Admin. Analyst DATE 4-24-80

APPROVED BY Orig. Signed by Jerry Sexton Dist. I Supv. TITLE DATE APR 28 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4 NMOCD-H 1-Hou 1-Susp 1-MKE