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 Tract 18

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

9. Well No.: 17

4. Location of Well: UNIT LETTER F, 1650 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE, SECTION I, TOWNSHIP 17-S, RANGE 36-E, NMPM.

10. Field and Pool, or Wildcat: Lovington Abo

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

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 [XX]	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 [ ]	
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.

Propose to increase productivity by the following method:

Lower submersible pump, tubing, and cable to 8000'. Close off annulus. Acidize thru submersible pump as follows: Pump 3500 gallons of 10 lbs. brine as pad, pump 3000 gallons of 15% NEFE acid, and flush with 65 bbls. lease water. Return well to production.

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

SIGNED Marty K Sexton TITLE Assist. Admin. Analyst DATE 6-4-80

APPROVED BY Orig. Signed by Jerry Sexton Dist. I Supv. TITLE DATE JUN 10 1980

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