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-6939

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 [ ] GAS WELL [X] OTHER-

7. Unit Agreement Name

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State IV

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

9. Well No.: 1

4. Location of Well: UNIT LETTER L, 2310 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 17-S RANGE 36-E NMPM.

10. Field and Pool, or Wildcat: Wildcat Atoka

15. Elevation (Show whether DF, RT, GR, etc.): 3882.9 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. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Change Zones (drilling) [ ]		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 abandon the Morrow (11774-78 and 11835-48) and test the Atoka (11592-600) per the following:

Kill well with 2% KCL brine water and pull out of hole with tubing and packer. Run in hole with CIBP and set at 11725 and cap with 35' of cement. Perforate Atoka interval 11592-600 with 2 JSPF. Run in hole with tubing, packer, and tailpipe set packer at 11,400' and land tailpipe at 11490'. Swab test well. If well will not flow acidize with 1000 gallons 15% NE/HCL. Flush acid with 6 barrels 2% KCL brine water. Swab and flow test well.

0+4-NMOCD-H 1-HOU 1-DMF 1-Stafford

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

SIGNED Mark Fraser TITLE Asst. Admin. Analyst DATE 5-24-82

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPV. TITLE DATE MAY 24 1982

CONDITIONS OF APPROVAL, IF ANY: