

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	For <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
Name of Operator Amoco Production Company		8. Farm or Lease Name Byers A
Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well No. 31
Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>135</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.		10. Field and Pool, or Wildcat Hobbs Blinebry-Drinkard
11. Elevation (Show whether DF, RT, CR, etc.) 3628' RDB		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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 production in the Blinebry zone (5738'-5942').

Pull rod and pump. Run a retrievable bridge plug and set at 5770'. Run tubing, rods, and pump. Place well on production. Supplemental brief to be submitted based on results of described procedure.

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM

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

SIGNED <u>Greg Mitchell</u>	TITLE <u>Admin. Analyst</u>	DATE <u>8-5-81</u>
APPROVED BY <u>Larry Serton</u>	TITLE <u>Dist. Mgr.</u>	DATE <u>AUG 10 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		