

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 10-1-77

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

SUNDARY 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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name Watkins A Gas Com
3. Address of Operator P. O. Box 68, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> 1980 FEET FROM THE <u>North</u> LINE AND 1980 FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>20-S</u> RANGE <u>35-E</u> NMPM.	10. Field and Pool, or Wildcat West Osudo Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3693.8	12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Rigged up wireline 8-16-83. Ran 1-9/16" tubing puncher and tagged obstruction 12040' from surface. Pushed to PBTD 13388' from surface and pulled out of hole. Swabbed with IFL 3500' from surface for 5-1/2 hrs. and recovered 24 BLW, 23 BO with TPF 150 psi on 48/64 choke. Flowed 1 hr and recovered 6 BLW and 5 BO. Swabbed and tubing dry. Recovered 0 BLW last hr. 13 hr. TPC 200 psi and CPC 350 psi. Bled down 15 min with 24/64" choke. Recovered 0 BF. Swabbed 5-1/2 hr. and recovered 10 BLW, 1 BO. Swabbed dry and wait 1 hr. No fluid entry. Recovered 0 BLW last hour. Moved out swab unit 8-18-83. Shut in 144 hours. with TPC 1450 psi. Flowed 25 BC, 25 BW and 258 MCF in 120 hours. Last 24 hours flowed 0 BC, 0 BW and 40 MCF. No further report until additional work performed pending evaluation.

0+4-NMOCD,H 1-HOU R. E. Ogden Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-SUSP 1-PJS
1-Petro Lewis

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

SIGNED Peter J. Serna TITLE Assist. Admin. Analyst DATE 1-31-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT 1 SUPERVISOR

DATE FEB 3 1984

RECEIVED

FEB 2 1984

**O.C.D.
HOBBS OFFICE**