Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-28362

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. A-1212-1

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.)

7. Lease Name or Unit Agreement Name: South Hobbs (GSA) Unit

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Amoco Production Company

8. Well No. 159

3. Address of Operator: P. O. Box 3092, Houston, TX 77253

9. Pool name or Wildcat: Hobbs Grayburg - San Andres

4. Well Location
Unit Letter F : 2335 Feet From The North Line and 1675 Feet From The West Line

Section 9 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3596.5' GL

11. 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 [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Temporarily Abandoned [X]	

12. 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.

RUSU 9/16/91
Set CIBP at 4009' X test at 660 PSI for 30 min. - test OK.
Dumped 2 sx sand on top of CIBP X displace csg X pkr fluid.
Left 16 joints tbg in well for kill string. Layed down 118 joints tbg.
RDSU 9/19/91.
Well T X A'd.

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 11/11/91

TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/ 596-7686

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 18 1991

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary Abandonment Expires 11-15-96

T.N.R