Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-07051

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

6. State Oil & Gas Lease No. B-1557

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: State C Tr 13

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

2. Name of Operator: Amoco Production Company

8. Well No. 5

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

9. Pool name or Wildcat: Blinebry Oil and Gas Tubb Oil and Gas

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 36 Township 21S Range 37E NMPM Lea County

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

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	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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.

Rigged up service unit 9-5-89. Found hole in tubing 11 joints from the bottom. Replaced tubing and ran paraffin knife. Rig released 9-13-89. Swabbed load and returned well to production.

Blinebry: Prod. day before job 380 MCFD, day after job 354 MCFD

Tubb: Prod day before job 139MCFD, day after job 94 MCFD

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

SIGNATURE Amelia Hartman TITLE Asst. Admin. Analyst DATE 11-22-89

TYPE OR PRINT NAME Amelia Hartman TELEPHONE NO. (713) 584-744

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

APPROVED BY _____ TITLE _____ DATE NOV 28 1989

CONDITIONS OF APPROVAL, IF ANY: