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 06672

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

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

7. Lease Name or Unit Agreement Name: STATE CK

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

2. Name of Operator: Amoco Production Company

8. Well No. 1

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

9. Pool name or Wildcat: Paddock

4. Well Location
Unit Letter N : 330 Feet From The South Line and 2209 Feet From The West Line

Section 19 Township 21-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3516.4 KB

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	[X]		
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.

MI and RUSU. Perforated 1200' and squeezed cement between 5 1/2" and 8 5/8" casing and 275 sxs class C cmt. circulate cmt. Drill out cmt and pressure test to 1000 PSI. Test OK RIH with tubing and hot oil down tubing. SWB to clean up. Squeeze with 10 gal WA 211 and 20 gal WA 212. Return to production.

BWO: 0 BOPD, 0 BWPD, 0 MCFD
AWO: 29 BOPD, 9 BWPD, 25 MCFD

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

SIGNATURE Blake T. Steele TITLE Admin Analyst DATE 4-13-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-556-7732

MAY 15 1989

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: