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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]
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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: State E Tract 27

3. Address of Operator: P. O. Box 68, Hobbs, NM 88240

9. Well No.: 1

4. Location of Well: UNIT LETTER N, 430 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 21-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat: Blinebry

15. Elevation (Show whether DF, RT, GR, etc.): 3526.7 GR

12. County: Lea

16. 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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Perf and Acidize	[X]

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.

Tested Drinkard 6682'-6738'. Tested 26 bbl oil and 1 bbl water and 130 MCF per day.

Propose to test Blinebry by setting a retrievable bridge plug at approx 6000' and cap with 10' of sand. Perf Blinebry 5774'-5778', 5800'-5803', 5848'-5851', 5938'-5942' with 2 JSPF. Run tubing, packer, and tailpipe. Set tailpipe at bottom of perfs 5942'. Spot 150 gal 15% NE acid across perfs. Raise tubing and packer at 5600'. Acidize with 3400 gal 15% NE acid droppin 1 ball sealer per blle acid. Pump test.

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

SIGNED Ray Cox TITLE ~~Administrative Supervisor~~ DATE 8-27-79

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist I. Supv. DATE AUG 30 1979

CONDITIONS OF APPROVAL, IF ANY:

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