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 10-1-78

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.)

7. Unit Agreement Name

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

8. Farm or Lease Name: State E Tract 27

2. Name of Operator: Amoco Production Company

9. Well No.: 1

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

10. Field and Pool, or Wildcat: Und. Drinkard

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.

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

Ran cement retainer and tubing. Set retainer at 6760'. Squeezed perfs 6772'-6852' with 300 sx Class H cement. Reversed out 20 bbl cement. Perforated 6682'-6686', 6700'-6706', 6712'-6852', 6752'-6782' and 6734'-6738' with 2 JSPF. Ran tubing, treating packer, and tailpipe. Packer set at 6678 and tailpipe at 6738'. Raised tailpipe to 6608' and packer to 6545'. Acidized perfs with 2500 gal 15% NE acid and 27 ball sealers. Pulled tubing and packer. Ran 2-7/8" tubing to 6746'. Currently pump testing.

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

SIGNED Kay Cox TITLE Administrative Supervisor DATE 8-23-79

APPROVED BY Orig. Signed by John Runyan Geologist TITLE _____ DATE AUG 29 1979

CONDITIONS OF APPROVAL, IF ANY:

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