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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1553

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.
SEE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>430</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Und. Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3526.7 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

Propose to change cementing procedure on 7" casing set at 6900' to tie back to 9-5/8" casing set at 1300' rather than circulate to surface.

*Name of well changed from State "E" #1 to State "E" Tract 27 #1. Form C-104 for name change has been filed.

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

SIGNED <u>Kay Cox (cc)</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>5-17-79</u>
Orig. Signed by <u>Jerry Sexton</u> Dist 1, Supv.	TITLE _____	DATE <u>MAY 10 1979</u>
APPROVED BY _____	CONDITIONS OF APPROVAL, IF ANY:	

0+3 NMOC-D-Hobbs; 1-Houston; 1-Susp; 1-CC

RELEIVED

MAY 1 7 1979

OL CONTROL CENTER
HARRIS, R. M.