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 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: B-9612

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 T

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

9. Well No.: 2

4. Location of Well: UNIT LETTER N, 2310 FEET FROM THE West LINE AND 990 FEET FROM THE South LINE, SECTION 32 TOWNSHIP 22-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Paddock, South

15. Elevation (Show whether DF, RT, GR, etc.): 3389 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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER perforate 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.

MISU 1-21-85. Pulled rods, pump and tbg. Perf'd 5183'-5203' with 4 SPF. Acidized with 2640 gals. 15% NEFE HCL and additives, 50 gals. per ft. Pulled up above perfs and acidized with 700 gals. 15% NEFE HCL with additives. Swb'd. Released pkr. and POH. Ran mother Hubbard and tbg. and seating nipple landed at 5167'. Ran rods and pump. MOSU 2-4-85. Pump tested approximately 31 days. Last 24 hrs. pmp'd 0 BO X 52 BW X 0 MCF. Unsuccessful workover to open additional pay, acidize and return to production. Well currently shut-in.

D+5-NMOCD, H 1-JRB 1-FJN 1-BFC

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

SIGNED Bonita Coble TITLE Administrative Analyst DATE 3-21-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 25 1985

CONDITIONS OF APPROVAL, IF ANY: Expires 3/25/86