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. 30-025-26457

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

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: Grizzell /B/

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

2. Name of Operator: Amoco Production Company

8. Well No. 3

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

9. Pool name or Wildcat: Drinkard

4. Well Location
Unit Letter H : 510 Feet From The East Line and 1830 Feet From The North Line

Section 8 Township 22-S Range 37-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3427' RDB

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	[ ]		
OTHER:	[ ]			OTHER: Recompletion to Drinkard abandon Fusselman +			[X]

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.

RUSU 11/4/91
Set CIBP at 7100' and cap with 35' cmt.
Perforated intervals 6423-29'; 6434-37'; 6455-62';
6465-70'; 6475-78'; 6482-86'; 6492-96' w/ 4SPF.
Packer set at 6332'. Acidized interval 6423-96' w/ 5000 gal 15% NEFE HCL.
Loaded & tested tbg to 500 PSI - test OK.
Rig down 11/14/91

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

SIGNATURE Kim A Colvin TITLE Asst. Admin. Analyst DATE 4/16/92

TYPE OR PRINT NAME Kim Colvin TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 20 '92

CONDITIONS OF APPROVAL, IF ANY:

BP Permian Fusselman