NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 [ ] Fee [X]

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

OIL WELL [X] GAS WELL [ ] OTHER-

8. Name of Operator: Amoco Production Company

8. Farm or Lease Name: Grizzell B

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

9. Well No.: 3

4. Location of Well: UNIT LETTER H, 1830 ~~1980~~ FEET FROM THE North LINE AND 510 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 22-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat: Wildcat Fusselman

15. Elevation (Show whether DF, RT, GR, etc.): 3425.4 GL

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 [XX]	CHANGE PLANS [XX]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

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.

Request permission to change casing program as follows:

HOLE SIZE	CSG SIZE	WEIGHT	DEPTH	CEMENT	EST TOP
17-1/2"	13-3/8"	48#	1200'	Circulate	Surface
12-1/4"	9-5/8"	40#	3800'	Circulate	Surface
8-3/4"	7"	20#,23#&26#	7400'	Tie back to 9-5/8"	Btm of 9-5/8"

New Mud Program:

0 - 1200' Native mud and fresh water
1200' - 3800' Native mud and brine water
3800' - TD Commercial mud and brine water for safe hole conditions

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 9-12-79

APPROVED BY Orig. Signed by Jerry Sexton TITLE Dist. I, Supv. DATE SEP 14 1979

CONDITIONS OF APPROVAL, IF ANY:

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