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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 [X] Fee [ ]

5. State Oil & Gas Lease No.: E-497

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 AJ

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

9. Well No.: 6

4. Location of Well: UNIT LETTER M, 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 30 TOWNSHIP 25S RANGE 38E NMPM.

10. Field and Pool, or Wildcat: Blinebry-~~Drinkard~~ Fusselman

15. Elevation (Show whether DF, RT, GR, etc.): 3069 RDB

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	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.

Propose to increase production by opening additional pay in both Blinebry and Fusselman. Will perforate Fusselman intervals 6960-68, 6973-77, and 6984-90. Will perforate Blinebry intervals 5079-84, 5089-96, 5111-15, 5141-45, and 5156-60 with 2 DPJSPF. Perforations will then be acidized with approximately 5000 gallons 15% LSTNE HCL in three stages. A Temperature Survey will be run for Stimulation Evaluation. RBP will be set at 5400 and packer set at 4950. Interval will be acidized with approximately 8000 gallons of 15% LSTNE HCL. Upon completion of production evaluation, well will be placed on production.

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

SIGNED _____ TITLE Assistant Admin. Analyst DATE 11-28-79

APPROVED BY _____ TITLE _____ DATE NOV 30 1979

CONDITIONS OF APPROVAL, IF ANY:

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