

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.	3004506700
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well:

OIL WELL ☐

GAS WELL ☒

OTHER

2. Name of Operator

AMOCO PRODUCTION COMPANY

Attention

Pat Archuleta

8. Well No.

1

P.O. Box 800 Denver Colorado 80201 303-830-5217

9. Pool name or Wildcat

Fulcher Kutz Pictured Cliffs

4. Well Location

Unit Letter

G

: 1550

Feet From The

NORTH

Line and

1550

Feet From The

EAST

Line

Section

11

Township

27N

Range

10W

NMPM

SAN JUAN

County

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

11. Check Appropriate Box to Indicate Nature of Notice Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

MIRUSU 1/31/97.

Set CIBP at 1820', test csg to 500#. Held okay.

Shoot squeeze holes at 1044'. Circ water to surface.

Spot cmt plug inside csg from 1820'-1420' w/17 sks CI-B cement.

Pump from surface down csg out perfs at 1044' w/303 CI-B cement.

Circ cmt to surface 3.5" liner and 5.5" csg to bh valve. Cut off well head and install marker

RDMOSU 2/3/97.

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

SIGNATURE

Pat Archuleta

TITLE

Staff Assistant

DATE

02-17-1997

TYPE OR PRINT NAME

Pat Archuleta

TELEPHONE NO.

303-830-5217

(This space for State

APPROVED BY

James Cardona

TITLE

Deputy AdG Inspector

DATE

5-9-97

CONDITIONS OF APPROVAL, IF ANY: