Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			•			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA		ISION	WELL API NO.		
P.O.Box 2088 DISTRICT II Santa Fe New Mexico 87504-2088				3004508264		
P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088				5. Indicate Type		FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410			6. State Oil & G	STATE Lase No.	FEE [
CHNDDV N	OTICES AND REPORTS	S ON WELLS				
(DO NOT USE THIS FORM FOR DIFFERENT RES	7. Lease Name	7. Lease Name or Unit Agreement Name				
I. Type of Well:	M C-101) FOR SUCH PROPO	JSALS.)		⊣ '	/alencia Gas Com	
OIL GAS WELL OTHER CATHODIC PROTECTION						
Name of Operator Amoco Production Company	Attentio	on: Mike Cur	8. Well No.			
3. Address of Operator				9. Pool name or		
P.O. Box 800 Denver	Colorado 80	201	(303) 830-4075		Blanco Mesaverde	
4. Well Location	1850 F . F . F	East	19	820 Feet From	- South	
Unit Letter :	850 Feet From The	EdSt	_ Line and18	Feet From	m The South	Line
Section 18	Township 29N			NMPM	San Juan	County
	10. Elevation (S		RKB, RT, GR, etc.) 554' DF			
11. Check A	Appropriate Box to In	dicate Nature	e of Notice, R	eport, or Othe	er Data	
NOTICE OF I	NTENTION TO:		SU	JBSEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REM	EDIAL WORK		ALTERING CASING	Г
TEMPORARILY ABANDON	CHANGE PLANS	COM	MENCE DRILLING	OPNS.	PLUG AND ABAND	ONMENT
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:		ОТН	ER:	Cathodic P	rotection	×
12. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state all per	tinent details, and	give pertinent dates,	including estimated	date of starting any pr	roposed
MIRUSU - 10-25-93. TIH & TIH to 300' & circ. hole clea					' w/tooth bit & TO	H.
					01 4 1993	5 5
					Ol 41993	العربان
1 6	lance and the Control of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		oda. DIV. dist. 3	
If you have any questions pl	ease call Mike Curry at (.303) 830-407	5.		wici. S	
I hereby certify that the information	above is true and complete to th	e best of my know	-			
SIGNATURE MIKE CU	ry/h	TITLE _	Business	Analyst	DATE /J/	10193
TYPE OR PRINT NAME	/' Mike Curry				TELEPHONE NO. (303	830-4075
(This space for State Use)						
APPROVED BY ORIGINAL SIGNE	ED BY ERNIE BUSCH	OEI	PUTY OIL & GAS	Inspector, dist.	. #3 DEC	1 4 199
VILLOACO DI ALMANDICE OLGINI	LINITIE BUOUM	IIILE -			DAIL	