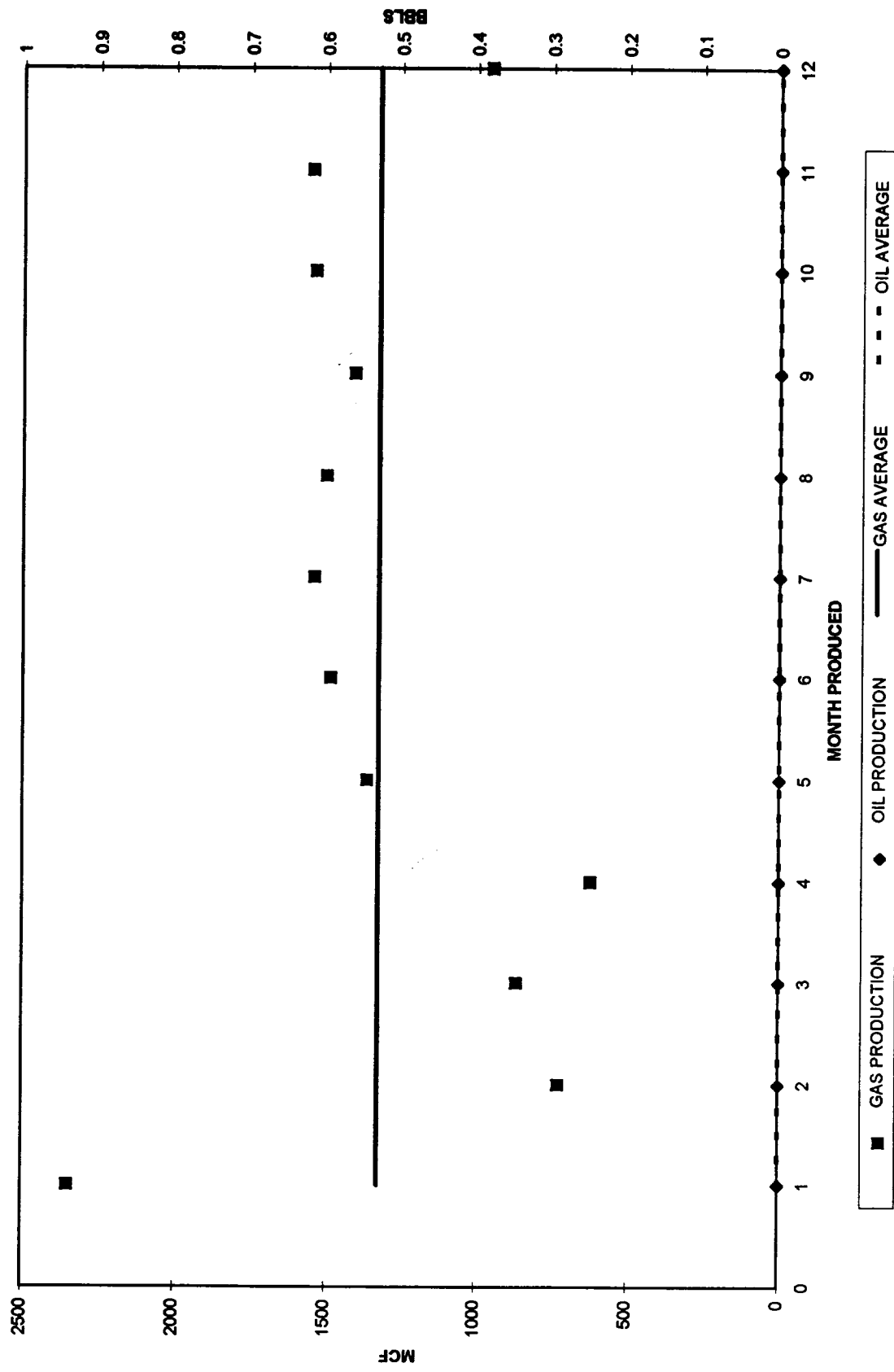


Archuleta Gas Com A #3

WELLNAME	WELLNO	POOL	FLAC	API	LOCATION	MONTH	OIL	GAS
Archuleta Gas Com A	#3	Basin Dakota		3004508885	K 5 29N 9W	01/95	0	2349
						02/95	0	725
						03/95	0	864
						04/95	0	621
						05/95	0	1362
						06/95	0	1486
						07/95	0	1541
						08/95	0	1502
						09/95	0	1407
						10/95	0	1539
						11/95	0	1550
						12/95	0	954
					12-month average - Projected Trend			
							0	1325

STRAIGHT LINE METHOD



Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088, Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

FEB - 9 1996

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	3004508665
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Archuleta Gas Com A
8. Well No.	#3
9. Pool name or Wildcat	Basin Dakota
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Amoco Production Company Gail M. Jefferson, Rm 1295C
3. Address of Operator P. O. Box 800, Denver, Colo. 80201 (303) 830-6157
4. Well Location Unit Letter <u>K</u> : <u>1450</u> Feet From The <u>South</u> Line and <u>1610</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>29N</u> Range <u>9W</u> NMPM <u>San Juan</u> 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Reperf _____ <input checked="" type="checkbox"/>	

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 1/23/96. SICP 450#, SITP 370#, SIBH 0. Blow down. NDWH, NUBOP. Unseat hanger and TIIH tag fill at 6588'. Strap out of hole. Tbg was at 6480'. TIIH w/bit and scraper. Tag sand at 6588'. Clean out to 6620' PBD and circ clean.

Perforated: 6479'-6487', 6506'-6510', 6556'-6588', w/2jspf, .340 inc diameter, 120 degree phasing, 12.5 grams, total 91 shots fired.

Flow to tank for 2 hrs. TIIH w/2.375" production tubing and land at 6518'. SI for 2 hrs. SICP 370#. SITP 0. Mad 1 swab run recovered 2 BO, flowed for 4 hrs recovered 6 BO and wtr. FCP 180#, FTP 12#, RDMOSU 1/26/96.

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

SIGNATURE Gail M. Jefferson TITLE Sr. Admin. Staff Asst. DATE 2/6/96

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE FEB - 9 1996

CONDITIONS OF APPROVAL, IF ANY: