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Submit 3 Copies to Appropriate District Office	State of Ne Energy, Minerals and Natu	· · · · · · · · · · · · ·	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobba, NM 88240	OIL CONSERVATION DIVISION		WELL API NO.
DISTRICT II	P.O. Bo Santa Fe, New Me		30-045-20723
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Ivie	XICO 67304-2066	5. Indicate Type of Lease  STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
( DO NOT USE THIS FORM FOR PRODIFFERENT RESERT (FORM C-	CES AND REPORTS ON POSALS TO DRILL OR TO DE IVOIR. USE "APPLICATION FO 101) FOR SUCH PROPOSALS.	EPEN OR PLUG BACK TO A PRIPERMIT	7. Lease Name or Unit Agreement Name  Texas National Gas Com
1. Type of Well: OIL GAS WELL WELL X	OTHER		- Texas National Gas Com
2. Name of Operator			8. Well No.
Amoco Produ  3. Address of Operator	ection Company A	ttn: J.L. Hampton	
•	00, <u>Denver</u> , CO 802	O1 ·	9. Pool name or Wildcat Aztec Pictured Cliffs
4. Well Location			
Unit Letter K : 1670	Feet From The South	Line and 820	Feet From The West Line
Section 19	Township 20	Range 9W	NMPM San Juan County
	10. Elevation (Show wi	heiher DF, RKB, RT, GR, eic.)	
Charle	////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
NOTICE OF INT	Appropriate Box to Indic ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	0.0.000	CASING TEST AND CE	
OTHER:			cathodic protection well x
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.			
Amoco Production Company plugged and abandoned the cathodic protection well associated with the subject well as follows:			
<ol> <li>Drilled to 250'.</li> <li>Pumped 65 sx cmt &amp; 15# flocel. Pumped cmt to surface.</li> <li>Capped well.</li> </ol>			
4. Restored location.			
D1 13 01 5 5			NOV1 3 1990
Please call Cindy Burton at 303-830-5119 if you have any questions. OIL CON. DIV.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE J. X- Ham	afeton KCS	mr Sr. Staff Adm	in. Supr. DATE 1/8/98
TYPE OR PRINT NAME J. L. Hampt	G		TELEPHONE NO. 83()-5025
(Thus space for State Use)		SUPERVISOR D	812407 8 5
APTROVED BY Original Signed by FRA	NK T. CHAVEZ	- mre	DATE # -13 - 90

CONDITIONS OF AFTROVAL, IF ANY: