

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

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

WELL API NO.	3004521079
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	Nye Gas Com /C/
8. Well No.	# 1
9. Pool name or Wildcat	Blanco Pictured Cliffs
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	5564' GR

**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
3. Address of Operator P.O. Box 800 Denver Colorado 80201	4. Well Location Unit Letter H : 1550 Feet From The North Line and 1040 Feet From The East Line Section 7 Township 29N Range 9W NMPM San Juan County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5564' GR	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Return to Production <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.

Amoco Production Company would like to inform you that the above mentioned well was returned to Production on 9/7/94.

**RECEIVED**  
NOV 14 1994  
**OIL CON. DIV.**  
DIST. 3

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

SIGNATURE Lois Raeburn TITLE Business Assistant DATE 11-10-1994  
TYPE OR PRINT NAME Lois Raeburn TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Johnny Robinson TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE NOV 14 1994  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_