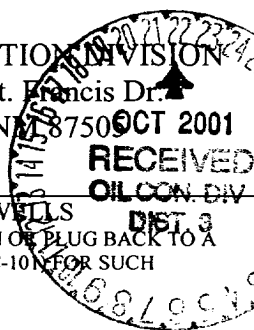


Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505



| | |
|--|--|
| WELL API NO. 30-045-21080 | |
| 5. Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name: Hare Gas Com E | |
| 8. Well No. 1 | |
| 9. Pool name or Wildcat Blanco Pictured Cliffs | |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 5943' | |

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-10) FOR SUCH
PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Amoco Production Company Attn: **Mary Corley**

3. Address of Operator
P.O. Box 3092 Houston, TX 77253

4. Well Location
Unit Letter **N** **290** feet from the **South** line and **1330** feet from the **West** line
Section **06** Township **29N** Range **09W** NMPM **San Juan** County

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 ☐ MULTIPLE COMPLETION ☐

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: **RETURN TO PRODUCTION** ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

The subject well was restored to production status in September 2001.

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

SIGNATURE Mary Corley TITLE Sr. Regulatory Analyst DATE 10/11/2001
Type or print name Mary Corley Telephone No. 281-366-4491
(This space for State use)

APPROVED BY ORIGINAL SIGNED BY CHARLIE T. PETERSON TITLE PPM DATE 10/25/2001
Conditions of approval, if any: