

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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

3004523724

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

Attention:

D.M. TALLANT

8. Well No.

1E

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

(303) 830-4040

9. Pool name or Wildcat

4. Well Location

Unit Letter

J

: 1560

Feet From The

South

Line and

1760

Feet From The

EAST

Line

Section

3

Township

29N

Range

9W

NMPM

SAN JUAN

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SET BRIDGE PLUG ☒

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.

PROCEDURE:

MIRUSU. NDWH. NUBOP. TIH & TAG @ 6970'. TOH W/ 230 JTS, SN, SAWTOOTH. RIH W/ GR JB TO 6870'. TIH & SET CIBP @ 6850'. TIH W/ 1/2 MULE SHOE, 1 JT, SN, F-COLLAR, 224 JTS & LAND TBG @ 6794'. NDBOP. SU WH. SWAB. TIH W/ PROD STRING. RELAND TBG @ 6794'. NDBOP. SU WH. RDMOSU.

RECEIVED

SEP 22 1993

OIL CON. DIV.  
DIST. 3

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DeANNE TALLANT (303) 30-5427.

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

SIGNATURE

DeAnne Tallant

TITLE

STAFF ASST.

DATE 09-20-1993

TYPE OR PRINT NAME

D.M. TALLANT

TELEPHONE NO. (303) 830-5427

(This space for State Use)

APPROVED BY Original Signed by CHARLES GHOLSON

TITLE

STATE OIL & GAS INSPECTOR, DIST. #3

DATE

SEP 22 1993

CONDITIONS OF APPROVAL, IF ANY: