

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

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

Santa Fe, New Mexico 87504-2088

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

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.)

7. Lease Name or Unit Agreement Name

CHAVEZ GAS COM D

1. Type of Well:

OIL  
WELL ☐

GAS  
WELL ☒

OTHER

2. Name of Operator

Attention:

Amoco Production Company

Lois Raeburn

8. Well No.

1 E

3. Address of Operator

P.O. Box 800 Denver Colorado 80201

9. Pool name or Wildcat

Basin Dak/Blanco PC

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.)

5672' GL

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: Plug Back/Recomplete ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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 Produccion Company request permission to plug back the Dakota formation & recomplete the Blanco Pictured Cliffs formation

See attached procedure

If you should have any questions please contact Stan Klodzie @ (303) 830-4769

**RECEIVED**  
OCT 1 1 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 10-10-1994

TYPE OR PRINT NAME

Lois Raeburn

TELEPHONE NO. (303) 830-5294

(This space for State Use)

APPROVED BY

*Stan Klodzie*

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE OCT 1 1 1994

CONDITIONS OF APPROVAL, IF ANY:

*C-104 for plat*