

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.

3004507825

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:

Beth Gonzalez

8. Well No.

1

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

9. Pool name or Wildcat

Basin Dakota

4. Well Location

Unit Letter I

1850

Feet From The

SOUTH

Line and

1190

Feet From The

East

Line

Section

27

Township

29N

Range

11W

NMPM

San Juan

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5510'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: ☐

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.

01/19/94TIH W/GUAGE RING TO 6000', TOH ,TIH, SET CMT RET @5996', TOH ,PMP 25SKS CMT, PMP 70 SKS CMT TAG
PLUG, CMT TO 3200', TIH HLS PERF W/4 SPF @3185' TOH, TST TO 3200#, TIH HLS PERF @2600' W/4 SPF, PMP,
TIH SET RET AT 2550', TOH, PMP 55 SKS CMT, PMP 70 SKS CMT, CMT TO SURF, CUT OFF WELL HEAD AND TOP OFF
CSG TO SURF W/4 SKS CMT, RIG DN HES, P&A COMPLETE

RECEIVED
MAY 13 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

Beth Gonzalez

TITLE

Business Analyst

DATE

05-10-1994

TYPE OR PRINT NAME

Beth Gonzalez

TELEPHONE NO. (303) 830-5206

(This space for State Use)

APPROVED BY

Charles Gholson

TITLE

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

MAY 13 1994

CONDITIONS OF APPROVAL, IF ANY: