	State of New Mexico				Form C-103	
Submit 3 Copies to Appropriate  Energy, Minerals and Natural Resources Department District Office					Revised 1-1-89	
DISTRICT I P.O. BOX 1980, Hobbs, NM 88240 OIL. CONSERVATION DIVISION P.O. Box 2088				WELL API NO.	3004507827	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088				5. Indicate Type of	of Lease	
DISTRICT III 1000 Rio Brizos Rd., Aztec, NM 87410				6. State Oil & Ga		
SUNDRY NOTICES AND REPORTS ON WELLS						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name or Unit Agreement Name  Beach Gas Com	
1. Type of Well:						
Off Well Office				8. Well No.		
Name of Operator     Amoco Production Compa			# 1			
3. Address of Operator P.O. Box 800 Denver	Colorado	80201	(303) 830-5294		9. Pool name or Wildcat Dakote/ Gallup	
4. Well Location Unit Letter K	1845 Feat From The	South	Line and	1500 Feet From	The West Line	
			ange 10W	NMPM	San Juan County	
Section 26			er DF, RKB, RT, GR, etc.			
			5547' GL			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:						
•	OF INTENTION TO:			·		
PERFORM REMEDIAL WORK	PLUG AND ABA	NDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABAN					PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE			CEMENT JOB			
OTHER:			OTHER:	Plug Bi	ack X	
12. Describe Proposed or Comp work) SEE RULE 1103.	leted Operations (Clearly state	all pertinent deta	ils, and give pertinent date	es, including estimated	date of starting any proposed	
On 10/20/90, TAG CIB W/ 234 SX5. SPOT CS	P @ 6100', SPOT CMT G CMT F/ RET TO 4171	F/6100' TO 5	880' ,SET RET @ 44 @ 518', CIR BH W/ I	153', SQZ GALLUF DYE WTR, SET PK	PERFS THROUGH RET (G @ 361', CIRC BH W/	
	F 0J0 @ 740', SQZ V					
		,				
DECEIVED						
NCY = 7 1994						
	(0)	M CON				
		- 42911	ė`			
I hereby certify that the inform	ation above is true and comple	te to the best of m	y knowledge and belief.			
SIGNATURE SIGNATURE	achurn	· · · · · · · · · · · · · · · · · · ·	TITLE Business	s Assistant	DATE 11-07-1994	
TYPS OR PRINT NAME	Lois Raebrun		TELEPHONE NO			
(This space for State Use)		`			NOV	
APPROVED BY Since	Buell		DEPUTY OIL & GA	AS INSPECTOR, DIST	.#3 NUV - 7 1994	
CONDITIONS OF APPROVAL, IF AN	<i>(</i> :	`				