

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator 501 Airport Drive, Farmington, NM 87401 4. Location of Well UNIT LETTER G 1450 FEET FROM THE North LINE AND 1720 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 29N RANGE 9W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 5715' GR	7. Unit Agreement Name 8. Farm or Lease Name Gerk Gas Com "B" 9. Well No. 1 10. Field and Pool, or Whelan Basin Dakota 12. County San Juan
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Moved in and rigged up service unit 10-8-84. Tripped in while rigging up a test stand and set a packer at 6345'. Released the rig 10-10-84.

Moved in and rigged up service unit 10-16-84. Bad tubing was found instead of bad casing. The tubing was replaced and the rig released on 10-17-84.

We are currently installing a compressor.

RECEIVED

DEC 26 1984

OIL CON. DIV.
DIST. 3

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

Original Signed By

SIGNED B. D. Shaw

TITLE Adm. Supervisor

DATE 12/20/84

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE SUPERVISOR DISTRICT #3

DATE DEC 28 1984

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SUNDRY NOTICES AND REPORTS ON WELLS

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1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Amoco Production Company 3. Address of Operator 501 Airport Drive, Farmington, NM 87401 4. Location of well UNIT LETTER G 1450 FEET FROM THE North LINE AND 1720 FEET FROM THE East LINE, SECTION 30 TOWNSHIP 29N RANGE 9W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 5715' GR	7. Unit Agreement Name 8. Farm or Lease Name Gerck Gas Com "B" 9. Well No. 1 10. Field and Pool, or Wildcat Basin Dakota 12. County San Juan
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Moved in and rigged up service unit 10/8/84. Total depth of the well is 6620' and plugback depth is 6595'. Set a packer at 6345'. Nippled up flow test stand and tested. Released the rig 10/10/84.

Moved in and rigged up service unit 10/16/84. Tripped out with CS-1 packer and pulled up the sawtooth. Reset sawtooth at 6575' and seating nipple at 6544'. Landed 2-3/8" tubing at 6620' and released the rig on 10/17/84.

NOV 15 1984
OIL CON. DIV.
DIST. 3

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

Original Signed By

B. D. Shaw

TITLE Administrative Supervisor

DATE 11/9/84

CHECKED BY TITLE DATE

REVISIONS OF APPROVAL, IF ANY: