

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.

3004507926

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

NMSF-077082

7. Lease Name or Unit Agreement Name

Armenta Gas Com A

8. Well No.

1

9. Pool name or Wildcat

Basin Dakota

**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:

Lois Raebrun

3. Address of Operator

P.O. Box 800

Denver

Colorado

80201

4. Well Location

Unit Letter D : 400 Feet From The N Line and 1190 Feet From The W Line

Section

27

Township

29N

Range

10W

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: ☐ Return to Production ☒

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.

Well Back in Production

See Attachment

**RECEIVED**

MAR 03 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 Raebrun*

TITLE

Business Asst.

DATE

TYPE OR PRINT NAME

Lois Raebrun

TELEPHONE NO. (303) 830-5294

(This space for State Use)

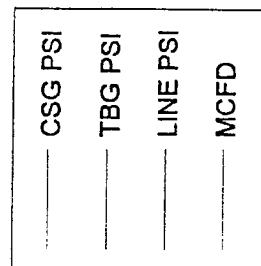
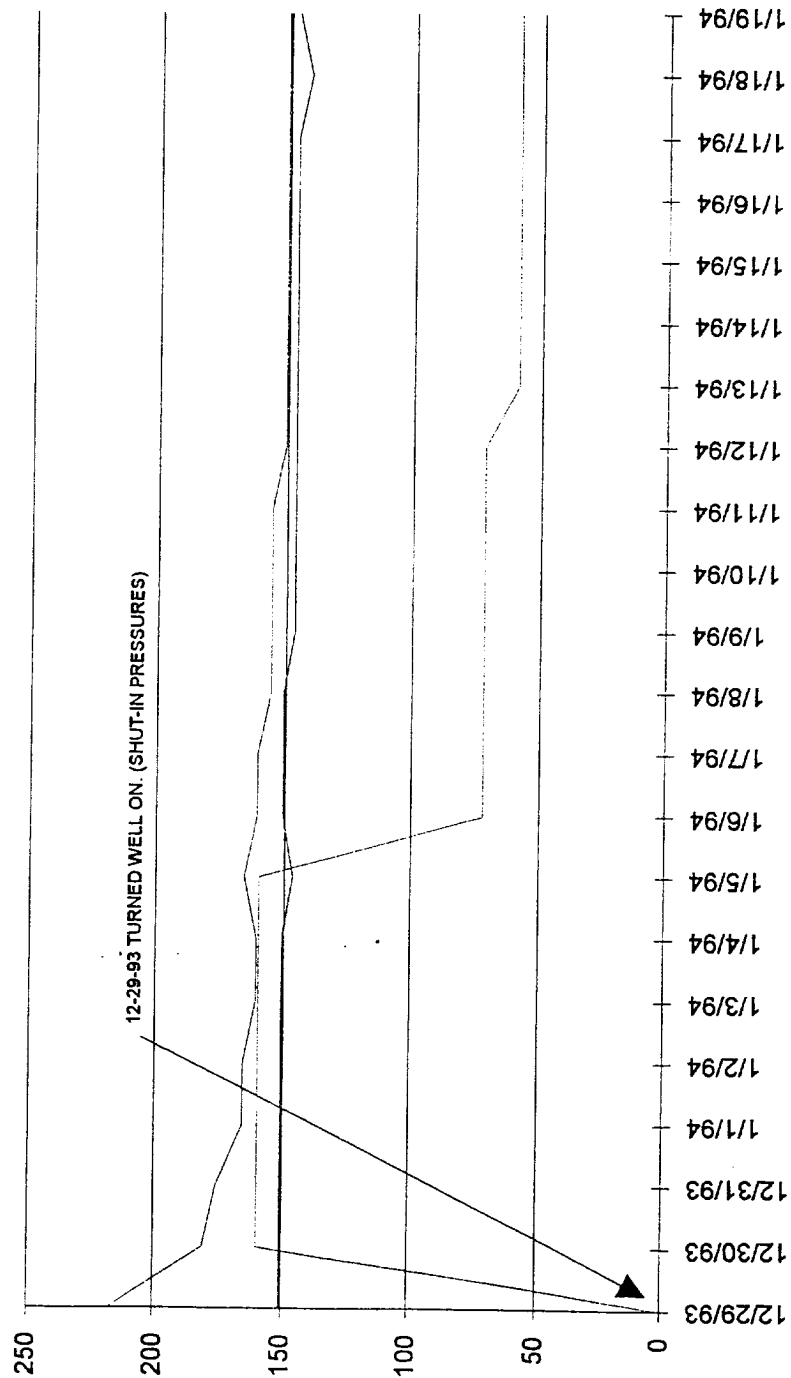
APPROVED BY Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #2

MAR - 3 1994

CONDITIONS OF APPROVAL, IF ANY:

# ARMENTA GAS COM A1



CASING AND TUBING PRESSURE RUN THE SAME

BAR