	, I	
State of New Mexi	1	
to Appropriate Energy, Minerals and Natural Resorbistrict Office	ources Department Revised 1-1-1-17	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION P.O.Box 2088	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE X 6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON W (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEL DIFFERENT RESERVOIR. USE "APPLICATION FOR PI (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well:	Garcia Gas Com B	
OIL GAS X OTHER		
2. Name of Operator Attention:	8. Well No.	
Allioco i roddolor. Company	Raebrun #1	
3. Address of Operator P.O. Box 800 Denver Colorado 80201	(303) 830-5294 9. Pool name or Wildcat Blanco Mesa Verde	
4. Well Location Unit Letter J :805 _ Feet From The Souths	Line and 2350 Feet From The East Line	
Section 21 Township 29N R.	inge 10W NMPM San Juan County	
10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.) 5909 RDB	
11. Check Appropriate Box to Indicate N	fature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT _	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	
OTHER:X	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent detail work) SEE RULE 1103.	ls, and give pertinent dates, including estimated date of starting any proposed	
Amoco Production Company request permission to Recomplete the above mentioned well, and the above mentioned Horizon.		
See attached.		
	necentary and the second secon	
If you have any questions please contact Mike Kutas @ (303) 830-5159 MAY & 1 1902	
	COMB Para	
	1000 1000 1000 1000 1000 1000 1000 100	
	· · · · · · · · · · · · · · · · · · ·	
	and the second s	
I hereby certify that the information above is true and complete to the best of m		
SIGNATURE DUSCHELLISM	Business Assistant DATE 05-24-1994	
TYPE OR PRINT NAME Lois Raebrun	TELEPHONE NO.	
(This space for State Use)	MAV 9 4 400	
APPROVED BY August Stately	DEPUTY OIL & GAS INSPECTOR, DIST. #3 MAY 5 1 199	
CONDITIONS OF APPROVAL, IF ANY:		
Enter Lolan		
· / / or hood	~	

Recomplete Garcia Gas Com B May 24, 1994

1)	Follow existing approved P & A procedure for DK
2)	Perf, breakdown perfs and foam frac PLO
3)	Set CIBP above PLO perfs
4)	Perf, Breakdown perfs and form McNeffee
5)	Drl out CIBP
6)	Flow back & cleanup well
7)	Set @ mid-point of PLO perfs