

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. 30 045 08413
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bruington Gas Com B
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Amoco Production Company Attn: John Hampton	
3. Address of Operator P.O. Box 800, Denver, Colorado 80201	
4. Well Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>North</u> Line and <u>840</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>20N</u> Range <u>12W</u> NMPM <u>San Juan</u> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>5625' RKB</u>	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Based on data on offset wells to the subject, Amoco will not pressure test the subject well.

RECEIVED
DEC 06 1990
OIL CON. DIV.
DIST. 3

Please call Cindy Burton at 303-830-5119 if you have any questions.

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

SIGNATURE J. L. Hampton TITLE Sr. Staff Admin. Supv. DATE 303-
TYPE OR PRINT NAME J. L. Hampton TELEPHONE NO. 830-5025

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3 DATE DEC 06 1990
CONDITIONS OF APPROVAL, IF ANY: