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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
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.)

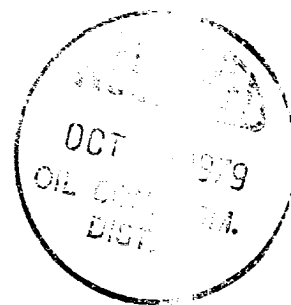
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Sullivan Gas Com "C"
3. Address of Operator 501 Airport Drive Farmington, NM 87401	9. Well No. 1E
4. Location of Well UNIT LETTER J, 1850 FEET FROM THE South LINE AND 1490 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 29N RANGE 10W NMPM.	10. Field and Pool, or Wildcat Basin Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 5511' GL	12. County San Juan

16. 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"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	Spud & Set Surface Casing <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.

Spudded well on 10-3-79. Drilled 12-1/4" hole to 315' and set 9-5/8, 32.30 pound surface casing at 315'. Cemented with 325'sx class "B" Neat cement.

Presently drilling toward TD.



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

Original Signed By
SIGNED E. E. SVOBODA TITLE Dist. Adm. Supr. DATE 10-5-79

Original Signed By
APPROVED BY _____ TITLE SUPERVISOR DATE OCT 9 1979

CONDITIONS OF APPROVAL, IF ANY: