

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1686
7. Unit Agreement Name
8. Farm or Lease Name State Gas Com BR
9. Well No. 1
10. Field and Pool, or Wildcat Basin Dakota
12. County San Juan

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 GAS WELL OTHER- _____

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
501 Airport Drive, Farmington, NM 87401

4. Location of Well
UNIT LETTER E, 1450 FEET FROM THE North LINE AND 1170 FEET FROM
THE West LINE, SECTION 2 TOWNSHIP 29N RANGE 10W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
59.24

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 JOB <input type="checkbox"/>	OTHER <u>Completion</u> <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.

Completion operations commenced on 4/6/81. Total depth of the well is 6977', and plugback depth is 6927'. Drilled cement from 2300' - 6927'. Landed 2 3/8" tubing at 6851' and released the rig on 4/14/81.



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

SIGNED [Signature] TITLE Dist. Admin. Supvr. DATE April 16, 1981

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT # 3 DATE APR 17 1981

CONDITIONS OF APPROVAL, IF ANY: